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WIPA Service Model Analysis

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About This Report

Under a quick turnaround call order, the Social Security Administration asked Abt Associates to develop evidence-based recommendations for SSA’s consideration regarding changes to the Work Incentive Planning and Assistance (WIPA) program service delivery model. The intent of the recommendations is to help SSA achieve its goals of serving people with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) with the best possible services within funding limitations while offering a service model that is reasonable and attractive to potential applicants for WIPA cooperative agreements. This document reports on the results of three information gathering activities Abt undertook to answer the research questions and develop evidence-based recommended changes to the WIPA service delivery model.

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Acronyms

BOND	Benefit Offset National Demonstration
BPQY	Benefits Planning Query
BS&A	benefits summary and analysis
BTS	Beneficiary Tracking System
BYA	BOND Yearly Amount
CWIC	Certified Work Incentives Counselor
EITC	earned income tax credit
EN	Employment Network
EWIC	Enhanced Work Incentives Counseling
EPE	Extended Period of Eligibility
I&R	Information & Referral
MBI	Medicaid Buy-In program
MEF	Master Earnings File
MI	motivational interviewing
NTDC	National Training and Data Center
POD	Promoting Opportunity Demonstration
PROMISE	Promoting Readiness of Minors in SSI
SGA	substantial gainful activity
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
TTW	Ticket to Work
TWP	Trial Work Period
VR	vocational rehabilitation
WIC	Work Incentives Counseling
WIPA	Work Incentives Planning and Assistance
WIP	Work Incentives Plan

Executive Summary

The Social Security Administration (SSA) asked Abt Associates to develop evidence-based recommendations for potential changes that SSA might consider for the Work Incentive Planning and Assistance (WIPA) program service model. The intent of the recommendations is to help SSA achieve its goals of serving people who receive SSI or SSDI with information about SSA work incentives and the effects of work on benefits within funding limitations while offering a service model that is reasonable and attractive to potential applicants for WIPA cooperative agreements.

For the *WIPA Service Model Analysis*, Abt gathered information to answer four research questions that SSA established for this rapid research project:

1. What specific approaches to benefits counseling are most likely to result in successful, longer-term employment outcomes for beneficiaries?
2. Are there methods of providing services that would be more effective than the current delivery model; and if so, what are they?
3. Does literature or existing data support SSA's assumption, based on anecdotal experience, that it is better to serve beneficiaries at the point when they begin to work, rather than at other times such as when they are first considering work, or later once they are working and changes begin to occur in benefits due to their work earnings?
4. What does the evidence indicate is the beneficiary population most likely to succeed in their work attempts with support?

This report describes findings from the three knowledge gathering activities Abt conducted: (1) a review of relevant rehabilitation, motivation, and adult learning literature (addressing all four of the research questions); (2) key informant interviews with WIPA and state vocational rehabilitation (VR) directors; and (3) secondary analysis using data from SSA's *Benefit Offset National Demonstration (BOND)* and *Promoting Opportunity Demonstration (POD)* evaluations.

Based on those findings and Abt's experience implementing BOND and POD, this report presents 16 recommendations developed for SSA's consideration, accompanied by evidence to support each one. We organized the recommendations by the four research questions plus included a fifth set of recommendations for the WIPA program model that do not align with the research questions. The 16 specific recommendations fall into three broader recommendations:

- Provide beneficiaries with the particular *information and services they need*, rather than providing similar services to everyone. This might allow CWICs to spend less time providing information that a given beneficiary is not interested in, or for the information that is delivered to be more easily digested and acted upon.
- *Identify service delivery efficiencies*, so that CWICs can spend more time working with beneficiaries and less in other activities.
- Pursue *increased external support* for the WIPA program's mission. Many other agencies and organizations have goals that align with WIPA's; some of those agencies are already communicating with beneficiaries about work incentives, even providing benefits counseling on their own or by purchasing the service from WIPA grantees. Leveraging this support could expand the total budget allocated to benefits counseling, even with no increase in WIPA funding.

1. Introduction and Background

Section 1149 of the Social Security Act, which was added by section 121 of Public Law 106-170, the Ticket to Work and Work Incentives Improvement Act of 1999, requires that the Commissioner of Social Security establish a community-based work incentives counseling program. Since 2006, the Social Security Administration (SSA) has met this requirement through the Work Incentive Planning and Assistance (WIPA) program. The goal of the WIPA program is to provide information about the effects of work on benefits and to explain SSA work incentives to disabled beneficiaries of the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. Compared to its predecessor, the Benefits Planning, Assistance, and Outreach program, the WIPA program provides more intensive and longer-term services, with an increased focus on beneficiaries who are working or actively seeking employment.

SSA awards cooperative agreements to community-based organizations to deliver WIPA services in a defined service area, with one WIPA provider covering each service area. SSA awarded the current round of cooperative grants in Spring 2015, covering the period July 1, 2015–June 30, 2021.¹ The 2015 WIPA awards reflect several changes to the WIPA service delivery model compared to past awards, increasing the focus on (1) delivering services to beneficiaries who are working, including self-employed, or about to begin employment or self-employment; (2) conducting services remotely; and (3) shifting the delivery of Information & Referral (I&R) services to the Ticket to Work (TTW) Help Line.

As SSA prepares to offer a new round of competition for WIPA cooperative agreements, it seeks evidence to inform potential changes to the WIPA service model. SSA has a fixed annual budget of \$23 million to deliver WIPA services and to provide training and technical assistance to the WIPA grantees. The fixed annual budget was established by the Ticket to Work and Work Incentives Improvement Act. As the inflation-adjusted value of that funding decreases over time, SSA needs to make strategic decisions about whom to serve and what services to offer to use its limited resources as efficiently as possible.

SSA contracted with Abt Associates to conduct the *WIPA Service Model Analysis* project to develop evidence-based recommendations that SSA might consider for changes to the WIPA service delivery model. The intent of the recommendations is to help SSA achieve its goals of serving beneficiaries with the best possible services within funding limitations while offering a service model that is reasonable and attractive to potential applicants for WIPA cooperative agreements.

1.1 Research Questions

Abt's task was to answer four research questions that SSA developed for this project:

1. What specific approaches to benefits counseling are most likely to result in successful, longer-term employment outcomes for beneficiaries?
2. Are there methods of providing services that would be more effective than the current delivery model; and if so, what are they?

¹ SSA extended the end dates of these current cooperative agreements one year (to June 30, 2021) by adding funding to the current WIPA cooperative agreements to provide time for the agency to identify changes to the WIPA service delivery model.

3. Does literature or existing data support SSA’s assumption, based on anecdotal experience, that it is better to serve beneficiaries at the point when they begin to work, rather than at other times such as when they are first considering work, or later once they are working and changes begin to occur in benefits due to their work earnings?
4. What does the evidence indicate is the beneficiary population most likely to succeed in their work attempts with support?

1.2 Overview of Process

Abt conducted three information gathering activities under the *WIPA Service Model Analysis* call order to answer the research questions:

- Review of relevant rehabilitation, motivation, and adult learning literature (addressing all four of the research questions);
- Key informant interviews of WIPA and state vocational rehabilitation (VR) directors (addressing all four research questions); and
- Secondary analysis of data from SSA’s *Benefit Offset National Demonstration (BOND)* and *Promoting Opportunity Demonstration (POD)* evaluations (addressing the third research question).

In addition to responding to the research questions, we also considered other potential changes to the WIPA model that might allow the program to continue to fulfill its mandate under fixed funding. These include alterations to funding distribution and service areas, changes to the interaction between the TTW Help Line and WIPA grantees, and modified service expectations for WIPA grantees.

The remainder of this document discusses findings from the research (Section 2), Abt’s recommendations for changes to the WIPA service model (Section 3) and a report summary (Section 4). The report also contains four appendices:

- Trans-Theoretical Model (Appendix A);
- Key Informant Interview Guides (Appendix B);
- Key Informant Interview Responses by Question (Appendix C); and
- Secondary Analyses of BOND and POD Data (Appendix D).

Throughout this document, we use the term “benefits counseling” to refer to the work incentives counseling that WIPA grantees provide and the benefits counseling services delivered by state VR agencies.

2. Data Collection Methods and Summary of Findings

In this section we describe the purpose and goals, approach, and findings for the three information gathering activities we conducted to respond to the research questions: Literature Review (Section 2.1); Key Informant Interviews (Section 2.2); and Secondary Data Analysis (Section 2.3). It is from these findings and Abt’s experience implementing BOND and POD that we developed the 16 recommendations for change described in Section 3.

2.1 Literature Review

The literature review examined three areas: (1) strategies used in benefits counseling or similar social programs; (2) models of adult learning processes and congruent teaching methods or tools; and (3) evidence and descriptive statistics regarding the targeting or timing of WIPA benefits counseling delivery. *Exhibit 2-1* shows how the four research questions and the review were related.

Exhibit 2-1. Goals of the Literature Review

Research Question	Goal of Literature Review
1. What specific approaches to benefits counseling are most likely to result in successful, longer term, employment outcomes for beneficiaries?	Identify specific strategies used in benefits counseling or information delivery in social programs for which there is evidence about a positive impact on employment outcomes or financial outcomes.
2. Are there methods of providing services that would be more effective than the current delivery model, and if so, what are they?	Identify commonly used models of adult learning processes and congruent teaching methods or tools.
3. Does literature or existing data support SSA’s assumption, based on anecdotal experience, that it is better to serve beneficiaries at the point when they begin to work, rather than at other times such as when they are first considering work, or later once they are working and changes begin to occur in benefits due to their work earnings?	Examine any evidence or descriptive statistics about the targeting or timing of WIPA benefits counseling delivery.
4. What does the evidence indicate is the beneficiary population most likely to succeed in their work attempts with support?	

2.1.1 Method of Conducting Literature Review

Because SSA is looking for new counseling delivery methods to consider, the literature review was broad and encompassed scans in the three areas listed above. For each area, we used a different method to locate reference material.

To establish a consistent approach to reviewing articles and document the review process, reviewers maintained a tracking list of articles that appeared to meet initial selection criteria (as described below, different for each content area). For each source, reviewers recorded the citation, abstract, intervention components (if relevant), whether the approach was empirical and focused on a sufficiently representative sample, evaluation method (if applicable), and a brief summary of the paper’s findings relevant to this report.

Counseling and Information Delivery in Social Programs

We queried “counseling design,” “welfare incentives and counseling,” and “financial counseling and effective practices” in Abt’s Research Library, which includes subscriptions to the complete

2. DATA COLLECTION METHODS AND SUMMARY OF FINDINGS

ScienceDirect electronic library, the complete JSTOR electronic library, and portions of the EBSCO electronic library. We also searched the Department of Labor’s Clearinghouse for Labor Evaluation and Research and the *Journal of Consumer Affairs* for relevant research articles published since 2000. Of more than 177 potentially relevant articles, we cite 38 in this report. To be included, the intervention had to include an activity that is potentially feasible for WIPA programs to implement (e.g., teleconferencing is feasible; supportive employment is not) and the research article had to provide evidence of the impact of the intervention or activity.

Adult Learning

We engaged Abt’s leading expert on adult learning, Dr. Judy Alamprese, to identify influential articles about adult learning that are often cited in the job training literature. The literature on the impacts of specific teaching methods for adult learners is very limited. Much of what does exist describes the psychology of adults as compared to youth and how that psychology translates into a need for teachers to approach adult learners differently than they would youth. For adult learning programs related to behavior change, we found that much of the research referenced a specific theory of behavior change, the Trans-Theoretical model. We describe this model and its relevance to WIPA in Section 2.1.2.

In addition to looking for general teaching principles for adult learners, we also sought articles that discuss specific methods used to communicate complex material. We conducted broad internet searches for best practices for communicating complex material. To focus on ideas motivated from research and/or known experts as verified by their peers, we restricted our consideration to websites with an “.edu” extension. Within academic literature, we found articles on how to communicate complex material written by, or paraphrasing, scholars of organizational behavior, psychology, and medicine.

We concentrated our scan on the scores of articles from the field of business (organizational behavior and marketing) on how to communicate complicated material to co-workers and potential clients/customers. The business school literature is more relevant for WIPA than the psychology and medical literature, because the business school examples describe scenarios where the speaker wishes to convey complicated engineering, scientific, or numeric material. By contrast, the psychology and medical literature tend to focus on how to communicate in emotionally difficult situations.

Most of the articles we found offer “best practices” that we then considered for the WIPA context. Unfortunately, most of the practices have not been evaluated in a scientific way. We selected four articles on “best practices” to cite in this report as being comprehensive and relevant to WIPA. We also refer to two websites we found that list best practices.

Delivery and Impact of WIPA Services

We identified articles about the delivery and impact of WIPA services from sources listed by SSA and from a library search using Abt’s Research Library and Google Scholar.² For the library searches, we used the key search words “benefits counseling,” “WIPA,” and “disability AND counseling.” Of the scores of articles we found, we examined the 21 that focus on benefits counseling for disability insurance beneficiaries and appear to use empirical methods and to rely on a representative sample of a well-defined group. (We excluded case studies.) Of the 21 articles examined, we draw on eight in this report because

² Google Scholar does not exhaustively list its library sources, but does include academic journal articles, technical reports, theses, books, and court opinions.

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they offer descriptive statistics about WIPA using a representative and large sample of WIPA participants, or because they estimate impacts of specific WIPA components or approaches.

We excluded articles that provide evidence about WIPA as a whole program (e.g., “effects of WIPA participation on employment outcomes”), because they do not offer insight into how specific components of WIPA affect beneficiary outcomes or how to target WIPA services, and therefore do not address SSA’s research questions. We also did not extensively catalogue findings that compare the effectiveness of WIPA for various primary impairment types because it is our understanding that SSA is not interested in restricting or prioritizing services based on impairment type.

2.1.2 Summary of Literature Review Findings

This section summarizes findings in each of the content areas examined. Section 3 integrates these findings in the recommendations for changes to the WIPA program, where appropriate.

Counseling and Information Delivery in Social Programs

The literature review found information on many modes of counseling and information delivery. The modes and approaches most relevant to WIPA were low-touch interventions as a method of outreach and simple messaging as an approach to communicating program opportunities.

Low-touch interventions. These interventions involve little to no two-way communication between parties. Low-touch interventions can include customized information based on known data about the respondent. Low-touch interventions, such as informational brochures or mailings, may be a cost-effective way to reach beneficiaries for whom the message is likely to be salient. A randomized study of older workers found that a brochure about Social Security features coupled with an online tutorial increased labor force participation one year later by 4 percentage points relative to the control group mean of 74 percent (Liebman and Luttmer 2015).³

In a similar study but very different context, a large-sample randomized experiment in Germany found that a brochure designed to inform and motivate individuals receiving unemployment insurance benefits to find work led to 4 percent increases in employment and earnings among persons with increased risk of long-term unemployment (but no statistically significant increases among all individuals receiving unemployment insurance benefits) (Altman et al. 2017).^{4,5}

Online information and tools can also boost understanding of complex financial information, and they are another example of low-touch interventions. Bavafa et al. (2019) found that older adults who frequently

³ All members of the treatment group received the same brochure. The online tutorial was tailored to each individual, with specific examples that fit the characteristics of that individual, such as their age, gender, and length of time in the labor force. The control group did not receive a brochure or invitation to the online tutorial.

⁴ The authors do not report whether the effect for persons with increased risk of long-term unemployment is statistically significantly different from the effect for persons without increased risk.

⁵ The brochure consisted of four parts: (1) facts about the current labor market in Germany, (2) information on the benefits of job search efforts and the association of longer unemployment spells with lower rates of finding jobs, (3) evidence of beneficial health and other non-financial outcomes associated with employment, and (4) job search resources.

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engage in online search activities on financial and health literacy had 16 percent higher financial literacy and 12 percent higher health literacy scores.⁶

Though low-touch interventions such as mailings can be effective, they are not a replacement for counseling services and nor is there any evidence to suggest that *low-intensity* counseling (shorter counseling appointments, less frequent counseling appointments, less personalized counseling) can be effective. As part of the Youth Transition Demonstration, Fraker et al. (2014) found that low-intensity counseling, case management, and self-determination training resulted in no significant impacts on earnings in any of the three years of the follow-up period.

Simple messaging. Studies have found that providing simple, personalized information is effective at increasing comprehension and program use. In 2020, the State of Michigan simplified its Supplemental Nutrition Assistance Program (SNAP), cash assistance, and other benefits renewal form after tests in two counties found that a simplified, plain language version increased the percentage of clients who completed the renewal form from 73 percent to 96 percent (Bridge 2020). In addition, the simplified, plain language resulted in renewals that required less staff time for follow-up because the improved form reduced client errors by 60 percent and reduced office visits by 50 percent (Bridge 2020).

In a randomized study of 35,000 individuals most likely eligible for the federal earned income tax credit (EITC) in 2009, Bhargava and Manoli (2015) found that simplified mailings about the EITC that displayed the potential tax credit amount increased the EITC take-up rate by 8 percentage points. Mailings that included complex materials *decreased* EITC take-up rate.

In addition, we found evidence on the following counseling and information delivery methods that are potentially relevant to WIPA:

Group counseling. Peeters et al. (2018) conducted a literature review of the content, form, and effectiveness of group-based programs that offer combined financial education and counseling aimed at specific at-risk populations. They found that though relatively little is known about the effect of specific practices on outcomes, the literature suggests that working in groups motivates through recognition and peer support.

Warm handoff. In an analysis of youth in the Promoting Readiness of Minors in SSI (PROMISE) demonstration, Schlegelmilch et al. (2019) found that some beneficiaries are reluctant to meet with a benefits specialist for fear that their benefits may be reduced. Through qualitative research, the authors identified that other services already trusted by the family can provide a “warm handoff” to benefits counseling, where the family’s familiar service provider offers an in-person introduction and may even attend the first meeting between the family and the benefits counselor.

Establishing learning goals. There is some evidence that establishing job search *learning goals* can lead to more job search activity than does establishing job search *performance goals*. A randomized study of unemployed individuals in the Netherlands studied two types of goal orientation counseling exercises (van Hooft and Noordzij 2009). Participants who received counseling to establish personalized learning goals engaged in more job search activity and had higher reemployment probabilities than those who received counseling to establish job search performance goals. In the counseling to establish learning

⁶ This result was robust to using an instrumental variables approach, with web skills as the instrumental variable.

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goals, participants established personalized goals to learn new job search skills or job skills, and later evaluated themselves on whether they had achieved those goals.

Including the parent, guardian. In its studies of myriad financial education programs, the Global Financial Literacy Excellence Center includes in its *Understand What Works* guide the advice that youth financial literacy programs are more successful when they include a program component for parents (Avery et al. 2016). Van Campenhout (2015) offers some suggestions about how to include parents in youth financial education counseling sessions. These findings may extrapolate to other familial relations; for example, it may be helpful to include spouses in benefits counseling sessions.

Adult Learning

While reviewing evaluations of counseling and information delivery in social programs, we found an oft-cited theory of behavior change in the psychology literature called the Trans-Theoretical Model (TTM). When designing or re-designing interventions, program designers focus on how to reach adults effectively with respect to which stage of behavior change they are in. The TTM, or “Stages of Change” model, was developed in the psychology literature in the 1970s and is still applied to models of behavior change (e.g., Shockey and Seiling 2004; Spader et al. 2009).⁷ For SSDI and SSI beneficiaries, seeking work may represent a major change in self-concept from thinking of themselves as “someone who is unable to work due to a disability” to “someone who works.” The TTM proposed that individuals move through six stages in changing a behavior; for example, to quit smoking or to re-enter the workforce after disability (Prochaska et al. 2009).

The WIPA model is aimed at individuals in the TTM’s first four stages of behavior change: *precontemplation, contemplation, preparation/determination, and action* (see **Appendix A** for details on the TTM model). To progress through these four stages to the final two stages of maintenance and termination, the TTM says people apply cognitive, affective, and evaluative processes, identified in the psychology literature as 10 processes (see Appendix A). As designed, WIPA outreach supports individuals through four of those processes. WIPA counseling supports *consciousness raising*; WIPA assessments support *self-reevaluation*; referrals support *social liberation* and *helping relationships*; and WIPA counseling and goal-setting support *self-liberation*.

A best practice suggested in the literature reviewed is to gauge an individual’s interests and constraints before providing consultation services, so the counselor can offer services relevant to that individual. The practice recognizes that adults considering behavior change or seeking education about major life changes may be at different decision stages. For example, “Meeting families where they are” is one of the five principles of effective financial education advanced by the Consumer Financial Protection Bureau (2017). Schlegelmilch et al. (2019) conducted qualitative research that suggested counseling messages were more impactful when they were directly salient to the family’s situation, as opposed to the counselor conducting a full benefits summary and analysis (BS&A) and educating the family on all possible rules and regulations. In the setting studied by Schlegelmilch et al., counseling began with three significant contacts between a counselor and a youth and the youth’s family over three months aimed to provide general information on how earnings increases would affect benefits, as relevant to the family’s chief

⁷ LaMorte (2019) cautions that the TTM has limitations, including that it assumes individuals make coherent and logical plans in their decision-making process and that there is no clear sense for how much time is needed in each stage.

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concerns. These consultations were not designed to replace the BS&A, and they took place before a BS&A.

In addition to the suggestion to consider the stages of change that a counseling recipient is going through, the psychology literature offers insight into how adults become receptive to learning new information. The adult learning literature emphasizes that adults manage most aspects of their lives independently, and therefore learn best when they feel “accepted, respected, and supported” (Merriam 1993). As a result, two-way, participatory interaction is very important for adult learning. Though we did not find a lot of empirical evaluations in the adult learning literature, we found that commonly suggested tools for educating adults are (1) participation, (2) pictures, and (3) stories (Kalwinski and Petersen 2016).

Encouraging participation and two-way dialogue helps learners because the beneficiary (“student”) is more likely to remember the material if they are actively engaged in it, by asking questions or working with the counselor (“teacher”) on examples salient to them. Pictures or graphics are an easy way for beneficiaries to “see” something. Simpler ways of presenting numbers, such as bar graphs and pie charts, may be more accessible than line charts (plots with a vertical and horizontal axis). Pictures can also be diagrams or flowcharts to help the listener understand linear steps in a process (Abrahams 2018). In addition to pictures, stories can be very helpful. Stories that convey logic and relationships can be much more memorable for the listener than many other communications tools because it is human nature to imagine oneself in the story and how one would have acted in a similar circumstance (Kalwinski and Petersen 2016).

We also found limited empirical evidence on teaching and communication methods for virtual environments. Serowik et al. (2014) describe a benefits counseling website encouraging Veterans Compensation applicants to join the workforce. They found that users rated the site as “neutral” or “positive” compared to in-person benefits counseling (no information is available about the website’s effect on veterans’ understanding or employment outcomes).⁸ Since the outbreak of the COVID-19 virus, there is increasing attention to evidence on the effectiveness of online education platforms. There is some evidence that synchronous, online courses can achieve the same results as in-person courses on two important factors: average college student satisfaction with the course and average student mastery of the course content (Batte et al. 2003; Cavanaugh et al. 2004; Ni 2013; Means et al. 2010; Patrick and Powell 2009). However, there is also evidence that online courses are *less* effective than in-person courses (Ahn

⁸ The counseling involved three discrete sessions using both didactic and interactive features. Successive screens conveyed information, showed videos, or asked questions to advance to the next screen. To simulate the flow of a counseling session, screens often incorporated information from the Veteran’s prior answers. For example, the program asked the Veteran about their current employment status, and follow-up prompts changed to fit that status. There was no counselor avatar, but the responses were meant to simulate a conversation with the participating Veteran through reflective statements printed to appear as speech. The program delivered a benefits counseling intervention, in that it educated the Veteran about the financial implications and opportunities to work while applying for Compensation. It included brief videos of Veterans who worked while still receiving Compensation. To temper and make more palatable the implied exhortations to work, this site utilized a motivational interviewing (MI) stance with open-ended questions, reflections of the Veteran’s responses back to them, and a nonjudgmental tone. Specific MI techniques included conducting a Values Card Sort activity to rank work vis à vis other priorities, listing pros and cons of working, and deconstructing the Veteran’s ratings of importance/confidence related to work using a “readiness ruler” (Miller and Rollnick 2002). Veterans were encouraged to construct an “action plan” for activities, such as searching for a job or engaging in treatment.

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and McEachin 2017; Figlio et al. 2013; Heppen et al. 2017; Jaggars and Bailey 2010; Jaggars and Xu 2013).

Other lessons about the success of virtual environments stem from studies of the workplace. From that literature, some of the lessons relevant to WIPA are the following (Hill and Bartol 2018):

- ***Appropriately match technology to the task.*** “Leaner,” text-based methods (email, online chat, bulletin boards) work well for one-way communication. Web conferencing and videoconferencing are better suited for two-way communication tasks such as problem solving and working through interpersonal issues.
- ***Make intentions clear.*** “In written messages, we often assume that others will focus on the things we think are important... Unfortunately, it’s easy for critical information to get overlooked” (p. 1-5). In addition, people tend to be “less guarded and more negative” in writing and reading material, so it is important to keep a positive tone.
- ***Stay in sync.*** Maintaining contact and avoiding prolonged silences are important for building trust and avoiding distractions towards the main goal of the collaboration.

Other advice for virtual environments stems from call center training material, which offers ideas for best practices (e.g., CallCentreHelper.com <https://www.callcentrehelper.com/ten-tips-to-improve-listening-skills-on-the-telephone-1534.htm>; even the American Academy of Family Physicians offers advice to physicians on how to make phone “visits” with patients https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telephone_visit_tips_2.html).

Delivery and Impact of WIPA Services

We did not find quasi-experimental or experimental studies that evaluate the effects of specific components of WIPA services such as the BS&A or referrals. Therefore, we did not find evidence in the literature to support ideas to pare down (or scale up) certain aspects of WIPA as currently implemented. A small number of studies from SSA demonstrations (BOND, PROMISE, and the Accelerated Benefits Demonstration) evaluate enhanced WIPA services such as parent engagement, coordination with other service providers, and extensive outreach services. PROMISE offers quasi-experimental evidence that receipt of counseling improves employment outcomes (Schlegelmilch et al. 2019), but not experimental evidence of the effect of counseling components because the counseling components were combined with other intervention components. The BOND evaluation did not find evidence that enhanced counseling improved average employment outcomes compared to typical WIPA services (Gubits et al. 2019). The Accelerated Benefits Demonstration found that enhanced counseling services increased the proportion of beneficiaries who receive VR services and job preparation services and increased the proportion employed in the second year after the demonstration began; but enhanced counseling services did not increase employment in the first or third year after the demonstration began (Michalopoulos et al. 2011; Bailey and Weathers 2014).

We examined descriptive summaries of the beneficiaries who enroll in WIPA, but this information cannot decisively inform optimal strategies for targeting or timing of service delivery. The limitation of these descriptive studies is selection bias: beneficiaries choose whether and when to contact WIPA, and enrollment in WIPA is also subject to WIPA protocols at the time of study (which may prioritize certain groups). The vast majority of WIPA enrollees have employment goals, and a large proportion are currently working (30 percent) or looking for work (42 percent) (Schimmel et al. 2013).

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As mentioned in Section 2.1.1, we did not seek to extensively catalogue information on differential WIPA outcomes based on impairment type. We note, however, that such information is available. For example, there is some correlational data that suggests that WIPA enrollees with cognitive and learning impairments or mobility/orthopedic impairments are less likely to be employed after receiving WIPA than are beneficiaries with other impairment types (Gruman et al. 2014). Beneficiaries with sensory disabilities appear to be less likely to enroll in WIPA (Nazarov 2016), whereas beneficiaries with psychiatric disabilities comprise a large proportion of WIPA enrollees (Hartman et al. 2015).

2.2 Key Informant Interviews

To draw upon the experience of professionals in the field, we conducted interviews with nine key informants who are current or former directors of WIPA programs (seven) or state VR agencies (two). We included a mix of WIPA and state VR agency staff as key informants to obtain both internal and external opinions about the WIPA program. Current and former WIPA directors contributed on-the-ground experience and insights about the current service delivery model and its users. State VR agency staff who serve the same beneficiary population suggested a different perspective on the WIPA model and ideas for innovations not currently present in WIPA. We also selected at least two representatives from each of the four U.S. Census Bureau regions to ensure that the interviewees would provide diverse geographical viewpoints.

These key informants were able to provide opinions in response to all four research questions, including:

- Proven approaches for encouraging sustained employment;
- Effective methods for delivering benefits counseling, particularly best practices for distance learning and for conveying complex information to adult learners;
- At what point in the process of returning to work counseling is best delivered; and
- Which subgroup(s) of SSDI/SSI beneficiaries benefit the most from counseling.

In addition to addressing the four research questions, the key informants provided insights on current benefits counseling models, and they provided useful ideas and feedback on possible changes to the WIPA service delivery model.

2.2.1 Method of Conducting Key Informant Interviews

Abt researchers conducted email outreach to nine potential key informants, introducing the research project and requesting their participation in a 90-minute telephone interview. All nine individuals agreed to speak with Abt, and Abt scheduled and completed the interviews in August 2020. The key informant interviews were completed during a period greatly influenced by COVID-19. Our questions focused on general WIPA practices and procedures; but in discussing responses, some interviewees reflected on changes necessitated by the pandemic. As the pandemic may influence service delivery for a long period, we have noted key points that were raised about it in this report.

The telephone interviews ranged from 60 to 120 minutes each, and followed one of two SSA-approved interview guides—one for current/former WIPA staff and one for VR staff. *Appendix B* contains the interview guides, which were developed based on the topic guide in *Exhibit 2-2* below, from the Research Plan. All informants were asked about topics in Part A, which concern strategies and methods for effective benefits counseling services. We then addressed the topics in either Part B or Part C with each informant, depending upon their role. We asked WIPA grantee staff about topics in Part B, soliciting feedback on the current WIPA service delivery model, ideas for changes, and feedback on possible

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changes to the model suggested by SSA. We asked VR staff about topics in Part C, exploring how benefits counseling is provided by VR agencies and soliciting opinions on specific elements or requirements for benefits counseling.

Exhibit 2-2. Topic Guide for Key Informant Interviews

Interview Topic	WIPA Staff	Non-WIPA VR Staff
Part A – Research Questions #1-#4		
Specific counseling services and employment outcomes. Describes current benefits counseling services and key informant's opinions about which services might be more or less effective in leading to sustained employment for SSDI/SSI beneficiaries.	X	X
Counselors' time use. Discusses how much time is typically spent on specific counseling services, such as verifying benefits, and explores sources of delays and ideas for streamlining.	X	X
Effective methods of service delivery. Describes perceived best methods for delivering specific services, relative merits of in-person versus remote service delivery methods, technologies used for remote services, and methods that enhance adult learning.	X	X
Service provision by different program partners. Discusses distribution and any perceived overlap in return-to-work services between Ticket to Work Help Line, WIPA programs, VR agencies, and Employment Networks to provide feedback to SSA on any redundancies or potential consolidations or collaborations that might take place among the various providers.	X	X
Targeting of services. Discusses WIPA program's targeting of services, including specifically prioritizing beneficiaries who are working or about to return to work.	X	X
Beneficiary subgroups most likely to succeed. Discusses what types of beneficiaries are most likely to succeed in their work attempts with support from the WIPA program; asks about any observed differences in the effects of services by age, disability type, and work history.	X	X
Part B – Feedback on Current WIPA Service Delivery Model		
Funding for WIPA services. Asks which services are covered by WIPA funds versus other funds.	X	
Staffing models for WIPA services. Discusses what tasks, if any, are centralized and what specialization exists among work incentives counseling staff.	X	
Demand for WIPA services. Discusses how beneficiaries contact WIPA grantees, and the extent of unmet demand for benefits counseling.	X	
Current and potential service areas. Describes how WIPA service areas are currently constituted and explores potential changes to service areas, such as serving beneficiaries in multiple states.	X	
WIPA program's strengths and weaknesses. Describes perceived strengths and weaknesses of the program in leading to sustained employment for beneficiaries.	X	
Suggested changes to WIPA program. Explores potential changes to streamline services and make services more effective in meeting beneficiaries' employment goals.	X	
Part C – Other Models of Benefits Counseling		
VR provision of work incentives counseling to SSDI/SSI beneficiaries. Describes how agency has arranged for the provision of work incentives counseling services to beneficiaries and what those services entail.		X
Referrals for employment training or other support services. Asks what types of referrals are made and what follow-up occurs, if any.		X
VR targeting of services. Describes how people are identified for benefits counseling services and if and how these services are targeted.		X

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The interview guides contained open-ended questions and prompts covering the topic guide areas that interviewers tailored for each type of informant, based on whether they were a current employee or retired and their exact role in the WIPA or VR agency. The interviews generally followed the structure of the interview guides, although sometimes specific questions were omitted if the subject matter was well covered in responses to earlier questions.

Abt staffed each interview with two interviewers plus one dedicated note taker, who captured all of the responses provided by the interviewees. We reviewed and finalized the interview notes within two business days of the interview dates. We then tallied common responses and identified key findings for this report.

2.2.2 Findings from Key Informant Interviews

This section summarizes the findings from the interviews. *Appendix C* includes a detailed account of the responses for all topics included in the interview guides. The key informants provided extensive feedback to Abt, but generally they were satisfied with the fundamentals of the WIPA program. One respondent was grateful for the opportunity to provide feedback to SSA on the WIPA model and wished there were more regular opportunities for SSA to hear from service providers in the field but also directly from beneficiaries. This respondent said that beneficiary focus groups could provide useful information for SSA on what types of work incentives would motivate beneficiaries to return to work and what services and supports beneficiaries need to sustain employment.

The summaries below correspond to the four research questions and a fifth area, alternate service models.

(RQ#1) Effective approaches to benefits counseling. Key informants could only provide opinions and anecdotal evidence regarding the most effective components of benefits counseling, given that they are not tracking long-term outcomes for beneficiaries they serve. The majority of respondents mentioned intensive, ongoing WIPA services and connections to a continuum of employment support services as the most effective approaches. A few respondents did mention that sometimes the beneficiaries' primary concern is maintaining their health insurance as they return to work and their earnings increase, so sometimes the needed services can consist simply of answering that specific question and no other assistance is requested or needed. Informants reported that beneficiaries often need to make multiple work attempts and receive messages about work incentives multiple times before they are convinced that they can work and can be better off with their earnings from work.

(RQ#2) Effective methods of service delivery. Most of the key informants agreed that providing benefits counseling remotely works well generally. Seven of the nine respondents we talked to reported their organization already provided the majority of its services remotely, even prior to the COVID-19 pandemic. Five respondents did report that *some* beneficiaries prefer or really need face-to-face counseling in order to generate trust and build the beneficiary-counselor relationship. However, many of the respondents suggested that the pandemic has shown everyone that remote services can work, with more counselors and beneficiaries becoming more comfortable with that service delivery method.

Most of the WIPA organizations already serve beneficiaries in large geographic areas mostly via remote services, and so the WIPA directors are open to serving beneficiaries in more than one state—although they reported they would need more staff with specific knowledge of benefits and programs in each new state. A couple of the informants were less enthusiastic about expanding their service areas, citing the difficulty of learning how benefit programs work and all of the community providers in a new state and the difficulty they are already having trying to meet the demand for services in one state.

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Key informants mentioned trying a range of tools or approaches to present complicated information to beneficiaries, including visual aids to display and explain the Trial Work Period (TWP) and Extended Period of Eligibility (EPE) and putting information into brochures and fact sheets. They generally agreed that having a patient and responsive conversation with the beneficiary was the best way to convey complicated information. They provided tips to keep beneficiaries engaged in the learning process, such as limiting the discussion to the beneficiary's immediate concerns and using drawings, graphs, explanation sheets, and specific examples of how their benefits might be affected by their earnings increasing.

(RQ#3) Timing of WIPA services. The vast majority of informants agreed—given limited funding—with the current targeting of WIPA services to beneficiaries who are currently working or about to start working full-time. Five respondents did express concerns about missing opportunities to encourage work or increased earnings for beneficiaries working part-time or just beginning to consider work. One respondent suggested that when WIPAs serve only those who are working, “They’re just putting out fires, not doing anything proactive.” Asked about the best time-frame in which to provide WIPA services, seven of eight informants who provided an opinion agreed that counseling should be provided when beneficiaries are first considering work. Multiple respondents mentioned that beneficiaries “need a roadmap” outlining what to expect once they start working and how earnings will affect their various benefits. When beneficiaries who do not know what to expect receive SSA notices regarding overpayment and/or an impending loss of benefits, this often can frighten and discourage them from continuing to work or continuing to earn at a level that affects their benefits.

(RQ#4) Population most likely to succeed. Abt asked key informants whether they had observed which beneficiary subgroups were the most likely to succeed with work attempts supported by WIPA counseling. Beneficiaries with mental health conditions were the subgroup most commonly mentioned, identified by five of the nine informants. Two said that WIPA had its strongest effects on beneficiaries with mental health conditions, whereas the others mentioned this subgroup simply as that primarily served by their organization. One respondent specifically identified beneficiaries with adult-onset mental illness and with significant work histories that qualified them for SSDI as the subgroup most likely to benefit from WIPA services and have successful, long-term employment outcomes. The respondent suggested that this observation was supported by recent studies of state Medicaid Buy-In (MBI) programs.⁹

Alternate service models. We spoke with the two VR directors about alternate service models for the WIPA program. One VR organization's *fee for services* approach pays for specific services, such as the BS&A and Work Incentives Plan (WIP) bundled together, documenting unsuccessful work attempts, counseling on Title II rules, and support for maintaining health insurance.¹⁰ This interviewee suggested

⁹ <https://www.bu.edu/drrk/research-syntheses/psychiatric-disabilities/medicaid-buy-in/>: “The most commonly reported disability is mental illness—nationally, approximately one in three MBI participants has a mental illness, and several State evaluations report that mental illness is the most frequently reported primary disability. While this group's earnings tend to be lower than other MBI participants, participants with severe mental illness appear more likely to earn wages (80 versus 69 percent), to increase those wages more rapidly (46 percent had higher earnings in the second year after enrollment, as compared to 35 percent of other participants), and to earn above the substantial gainful activity level at a greater frequency (18 versus 16 percent) than the average MBI participant.”

¹⁰ For example, explaining 1619(b), Childhood Disability Benefits/Disabled Adult Child for Medicaid benefits, and the Medicaid Buy-In application.

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that SSA take a more specialized caseload approach where WIPA counselors would include experts on areas such as veteran benefits and self-employment. SSA could standardize and monitor services to these populations and pay WIPA organizations accordingly. It is much easier, the VR director suggested, to serve an SSI beneficiary than a veteran receiving SSDI, for example, and the current model's service prioritization and lump sum funding do not incentivize serving those who are harder to serve.

The other VR director we interviewed used a different model, with in-house work incentive planners funded by *cost-reimbursement* through TTW. The director's organization tracks successful case closures—with a success being the beneficiary is employed at the time of closure—and the percentage of successful case closures earning at the substantial gainful activity (SGA) level. The actual services provided include requesting a Benefits Planning Query (BPQY) and then at least one benefits counseling session with the beneficiary to discuss their benefits, employment goals, and what impact future earnings would have on their benefits, including medical benefits. At case closure, the work incentive planners refer the beneficiary to the local WIPA and most appropriate Employment Network (EN) provider for continued support.

2.3 Secondary Data Analysis

We also conducted secondary analysis of data from two SSA demonstrations—BOND and POD. With these analyses we have three goals:

1. To present a snapshot of how benefits counseling has been delivered in recent years, to provide context for discussions of potential changes.
2. To provide insight into SSA's assumption that it is best to serve beneficiaries when they begin to work, rather than before they have found a job, by investigating the effect of receiving more intensive benefits counseling on employment, earnings, and benefit receipt for those who are employed when they first receive counseling.
3. To investigate whether the effects of more intensive benefits counseling differ based on the increase in income beneficiaries would experience if they worked. This sheds light on whether the reason there is little evidence of the effectiveness of benefits counseling on earnings and employment is that it helps beneficiaries make the best choices for their own situation given benefits rules, which might mean more earnings for some and less for others.

We use data from BOND and POD because they offer the best available information on how benefits counseling has been delivered in recent years,¹¹ and because the design of BOND Stage 2 allows us to estimate the effects of enhanced work incentives counseling for a particular subgroup of beneficiaries.¹² However, the data come from a different context—beneficiaries were subject to alternative benefit rules, the benefits counseling they were offered was intended to provide information about demonstration-

¹¹ Detailed, national data on service has not been collected in a systematic way since the Efforts to Outcome program was discontinued in 2018, and data from the several preceding years have not been processed into an analysis file.

¹² In Stage 2 of BOND, volunteers were randomly assigned to a control group or to one of two treatment groups, both of which were subject to the benefit offset rules. The "T21" treatment group had access to Work Incentives Counseling (WIC) services, whereas the "T22" treatment group had access to Enhanced Work Incentives Counseling (EWIC) services. WIC services were designed to be similar to WIPA services. EWIC services include more proactive outreach and follow-up from the counselors as well as extra services.

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specific earnings rules, and those in POD and some of those in BOND were proactively contacted by benefits counselors. In addition, data from POD and Stage 2 of BOND cover only those beneficiaries who volunteered for the demonstrations. Also, the contrast examined in Stage 2 of BOND is between benefits counseling similar to that offered through the WIPA program and a more intensive version of benefits counseling. As a result of these limitations, these analyses may not fully generalize to the WIPA program.

This section provides an overview of the data and analysis, as well as descriptions of findings that we believe to be especially salient for understanding the WIPA program and the potential effects of adopting the recommendations discussed in Section 3. More detail on BOND and POD, the methods and data used, and additional findings, can be found in Appendix D.

2.3.1 Data and Methods

We use data from management information systems used to administer and evaluate BOND and POD, supplemented by survey responses and additional administrative information on earnings and employment for subjects in BOND Stage 2. This information covers service use patterns, employment, earnings, and benefit receipt outcomes, and demographics for BOND Stage 2 Subjects. It covers beneficiaries in the treatment groups, not those in the control groups; that is, it includes beneficiaries subject to the alternate offset rules whose benefits counseling was delivered by BOND- or POD-specific counselors.

Outcomes for analyses of the POD data are based on data covering the period from beneficiaries' first month participating in the demonstration through June 2020, the last month for which we have complete data. For the BOND analyses, outcomes are based on information that covers the period from January 2012 through December 2015. We also identify the set of services, such as I&R, BS&As, WIPs, and referrals to other agencies, that were received by each sample member, and group these into common service patterns. Using this data, we then describe the prevalence of service patterns, and the outcomes experienced by those with each service pattern.

To address the second and third goals of this analysis, we also define a variable for BOND Stage 2 subjects that indicates those who had a job in hand at the time they first received benefits counseling services, based on having reported a job at that time or within two months after first receipt. Further, we calculate the increase in income from earnings and SSDI benefits that each person would experience if they worked in the job held at the time of first service, compared to their income from SSDI benefits if they did not work. We use this data, paired with information on outcomes, to estimate the effect of receiving the more-intensive EWIC services compared to WIC services for beneficiaries who had a job when they first received services, and for those who would have larger or smaller gains in income from work. Estimates come from regressions that control for background characteristics and account for the nesting of BOND subjects within BOND sites.

2.3.2 Summary of Findings

Here we present detailed results from the descriptive analyses of BOND and POD data that address the first goal of the secondary data analysis, to describe patterns of service receipt and related outcomes. We also include a brief summary of the most relevant findings from the causal analyses of BOND data, which explore the effect of more intensive benefits counseling compared to WIPA-like benefits counseling for those who held a job at the time they first received services, and by the increase in income from SSDI benefits and earnings that would be expected from that job. More detail on these analyses is provided in Appendix D.

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Descriptive Findings from BOND and POD

Exhibit 2-3 reports on broad patterns of service receipt, employment, earnings, offset use, and termination. Notably, most POD participants received some form of benefits counseling, and more than half of those who received benefits counseling received counseling beyond I&R. This likely reflects the proactive outreach by POD benefits counselors. It is also possible that demonstration volunteers were unusually interested in benefits counseling, or that they had a higher need for it because they were subject to alternative benefit rules. About 30 percent of POD treatment group members who receive some form of benefits counseling have some employment, as do about 5 percent of those who do not. Participants who received benefits counseling were employed during 14 percent of the months between randomization and June 2020, compared to 2 percent of months for those who did not. About 40 percent of POD participants who received counseling beyond I&R were employed at some point during POD, as were 13 percent of those who received I&R only. Those who received counseling beyond I&R were employed for 21 percent of the months between randomization and June 2020, compared with 5 percent for those who received only I&R. Exhibit D-4 also reports information on earnings, months with earnings about the POD threshold amount, offset use, and termination. Examining more detailed patterns of participation (*Exhibit 2.4*), the two service patterns with the highest rates of employment are beneficiaries who had I&R, BS&A, and WIP (72.5 percent) and those who had I&R, BS&A, and no WIP or referral (69.4 percent).

Exhibit 2.3. Employment, Earnings, and Benefit Outcomes by Broad Types of Service Use, POD

Outcome	Total	No Services	I&R or Counseling Beyond I&R	I&R Only	Counseling and Beyond I&R
Employment during POD	24.8%	5.1%	29.4%	13.4%	41.5%
Percent of months employed	11.8%	2.1%	14.1%	5.2%	20.8%
Percent of months with employment among those with some employment	46.9%	41.8%	48.1%	38.7%	50.4%
Total Earnings	\$4,746	\$542	\$5,720	\$1,610	\$8,822
Earnings above Threshold Amount at Least one Month	25.4%	10.2%	28.9%	15.6%	38.8%
Percent of months with earnings above Threshold Amount	11.5%	3.6%	13.3%	6.5%	18.5%
Percent of months with earnings above Threshold Amount among those with at least one month	44.1%	35.2%	46.2%	41.4%	47.6%
Full Offset at Least one Month	7.5%	1.5%	8.9%	4.2%	12.5%
Percent of months in full offset	2.0%	0.3%	2.4%	1.4%	3.1%
Percent of months in full offset among those with at least one month	25.1%	19.6%	26.4%	33.0%	24.7%
Termination	1.9%	2.0%	1.9%	1.8%	1.9%
Number of Participants	6,700	1,261	5,439	2,339	3,100

Source: Authors' calculations based on the Implementation Data System for the Promoting Opportunity Demonstration. Outcomes and training patterns are measured between participants' randomization into POD and June 2020. Counseling beyond I&R includes any recorded benefits counseling services except I&R and BPQY requests.

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Exhibit 2.4. Employment, Earnings, and Benefit Outcomes by Detailed Types of Service Use, POD

Outcome	Total	No I&R	I&R Only	I&R and Referrals Only	I&R and BPQY Only	I&R and BPQY and Referrals only	I&R and BS&A, no Referrals or WIPs	I&R and BS&A and Referrals, no WIPs	I&R and BS&A and WIP, no Referrals	I&R and BS&A and WIP and Referrals
Employment during POD	24.8%	5.6%	8.5%	5.1%	44.9%	22.9%	69.4%	55.6%	72.5%	53.1%
Percent of months employed	11.8%	2.3%	3.4%	1.7%	16.6%	6.5%	39.3%	25.4%	40.7%	24.2%
Percent of months with employment among those with some employment	46.9%	42.1%	39.8%	32.6%	37.2%	28.9%	56.7%	45.7%	56.3%	46.0%
Total Earnings	\$4,746	\$615	\$1,124	\$481	\$4,764	\$2,283	\$17,178	\$9,872	\$18,107	\$9,940
Earnings above Threshold Amount at Least one Month	25.4%	10.6%	11.6%	6.6%	41.7%	21.9%	62.5%	49.7%	68.0%	48.5%
Percent of months with earnings above Threshold Amount	11.5%	3.9%	4.5%	1.9%	19.2%	7.6%	33.5%	20.6%	35.9%	21.3%
Percent of months with earnings above Threshold Amount among those with at least one month	44.1%	36.4%	38.8%	29.4%	46.2%	34.7%	53.5%	41.5%	52.8%	44.0%
Full Offset at Least one Month	7.5%	1.7%	2.5%	0.5%	15.1%	7.2%	24.6%	12.7%	24.2%	14.6%
Percent of months in full offset	2.0%	0.3%	0.9%	0.1%	4.6%	1.1%	6.8%	1.9%	6.6%	3.2%
Percent of months in full offset among those with at least one month	25.1%	18.4%	35.4%	27.7%	30.5%	15.9%	27.8%	14.6%	27.4%	22.0%
Termination	1.9%	2.0%	1.4%	1.9%	4.5%	5.0%	3.0%	0.0%	1.0%	1.9%
Number of Participants	6,700	1,272	2,027	977	312	279	232	189	766	646

Source: Authors' calculations based on the Implementation Data System for the Promoting Opportunity Demonstration

Notes: Outcomes and training patterns are measured between participants' randomization into POD and June 2020. The No I&R column differs from the No Services column in the previous table, as some beneficiaries received benefits counseling services but do not have I&R recorded.

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For BOND treatment subjects, 70 percent of those who received some form of benefits counseling (I&R or more) had some employment, compared with 22 percent of those who did not receive any benefits counseling (*Exhibit 2.5*). About 62 percent of those who received I&R only were employed at some, as did 71 percent of those who received counseling beyond I&R. Exhibit D-6 also reports information on years of employment, earnings, and SSDI benefits received. Notably, most BOND subjects assigned to a treatment group did not use any benefits counseling (11 percent overall, which includes 36 percent of those assigned to WIC, 96 percent of those assigned to EWIC, and 5 percent of those subject to the BOND benefit rules but not randomized to receive WIC or EWIC). Among those who did, most received counseling beyond I&R. Examining more detailed service use patterns, the pathways with the highest likelihood of some employment are those with I&R, a baseline assessment, BS&A, and no other services (85.9 percent); and all groups with I&Rs, baseline assessments, and BS&As (at least 68 percent) (*Exhibit 2.6*).

Exhibit 2.5. Employment, Earnings, and Benefit Outcomes by Broad Types of Service Use, BOND

Label	Total	No Services	I&R or Counseling Beyond I&R	I&R only	Counseling Beyond I&R
Earnings and Employment (2012-2015)					
Employment	27.0%	21.9%	70.0%	62.3%	71.3%
Number of years with employment	0.81	0.62	2.4	2.0	2.5
Total earnings	\$7,772	\$5,307	\$28,452	\$22,778	\$29,412
Earnings above BYA at least one year	7.2%	4.6%	29.4%	22.5%	30.5%
Number of years with earnings above BYA	0.18	0.11	0.8	0.6	0.8
SSDI Benefits (2012-2015)					
Total SSDI benefits	\$54,426	53,782	\$59,833	\$55,779	\$60,549
At least one month with SSDI benefits (%)	96.3%	96.0%	98.5%	97.6%	98.6%
Number of months with SSDI benefits	50.4	50	53.8	52.2	54.0
Count of Participants Receiving Service	87,719	78,377	9,342	1,360	7,957

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Note: Sample includes members of all BOND treatment groups (T1, T21, and T22). Outcomes are measured from January 2012 through December 2015.

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Exhibit 2.6. Employment, Earnings, and Benefit Outcomes by Detailed Types of Service Use, BOND

	N	Employment (%)	Number of Years with Employment (years)	Total Earnings (\$)	Earnings Above BYA at Least One Year (%)	Number of Years with Earnings Above BYA (years)	Total SSDI Benefits (\$)	At Least One Month with SSDI Benefits (%)	Number of Months with SSDI Benefits (months)
Total	87,719	27.0%	0.81	\$7,772	7.2%	0.18	\$54,426	96.3%	50.4
NO I&R	78,377	21.9%	0.62	\$5,307	4.6%	0.11	53,782	96.0%	50
I&R Only	1,360	62.3%	2.04	\$22,778	22.5%	0.58	55,779	97.6%	52
I&R, no baseline assessment, but has BS&A and/or other services	700	62.6%	1.98	\$18,551	17.6%	0.45	54,807	97.8%	53
I&R, baseline assessment, no BS&A or other services	1,434	75.4%	2.71	\$34,940	34.7%	0.92	59,004	98.5%	53
I&R, baseline assessment, no BS&A, other services	1,659	58.9%	1.85	\$19,681	21.7%	0.53	61,273	98.3%	54
I&R, baseline assessment, BS&A, no other services	830	85.9%	3.25	\$38,050	42.8%	1.02	60,709	98.7%	54
I&R, baseline assessment, BS&A, other services (any other services)	2,962	76.5%	2.73	\$33,746	35.0%	0.91	63,149	99.1%	55
I&R, baseline assessment, BS&A, barriers and needs assessment	1,644	70.3%	2.41	\$27,307	28.0%	0.72	66,041	99.3%	56
I&R, baseline assessment, BS&A, employment support plan	1,578	70.1%	2.41	\$27,275	27.9%	0.71	65,680	99.2%	56
I&R, baseline assessment, BS&A, pre-employment skills	1,264	68.0%	2.25	\$24,078	26.1%	0.64	65,952	99.1%	57
I&R, baseline assessment, BS&A, referral	2,041	71.8%	2.46	\$27,376	30.0%	0.73	63,684	99.2%	56
I&R, baseline assessment, BS&A, service coordination	1,617	70.3%	2.41	\$26,765	28.2%	0.72	65,974	99.2%	57
I&R, baseline assessment, BS&A, skills assessment	1,495	70.5%	2.42	\$26,691	28.2%	0.71	66,166	99.3%	57
I&R, baseline assessment, BS&A, work incentives plan	2,390	77.4%	2.78	\$35,708	36.5%	0.96	63,196	99.2%	55

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Note: Sample includes members of all BOND treatment groups (T1, T21, and T22) Outcomes cover January 2012 through December 2015 for all sample members.

2. DATA COLLECTION METHODS AND SUMMARY OF FINDINGS

Though outcomes are quite different for those who receive and do not receive benefits counseling, and for those who receive only I&R and receive more individualized services, this does not necessarily reflect the effect of benefits counseling. This is because beneficiaries self-select—seeking out information from a benefits counselor and expressing interest in detailed information because they are interested in that information—and benefits counselors intentionally identify the services that might help beneficiaries achieve their work and employment goals.

Causal Findings from BOND

In order to disentangle the effect of benefits counseling from these other factors, we revisit the second stage of BOND, in which volunteers were randomly assigned to be offered EWIC or WIC. As discussed in Appendix D, EWIC and WIC users came to benefits counseling differently—EWIC counselors conducted active outreach, while WIC counselors did not. As a result, even though BOND subjects were randomly assigned to be eligible for one service or the other, the groups who actually used the services may be quite different in ways that affect outcomes. In particular, those who received WIC services may have been, on average, more interested in work than those who received EWIC services. Based on an examination of the data (*Appendix D, Exhibits D-1 through D-3*), we argue that the EWIC and WIC groups that had a job at the time of first service are similar enough to interpret differences between the two groups as plausible, but the same is not true for those who did not have a job at the time of first service.

Effects of EWIC by employment at first contact. Receipt of EWIC rather than WIC significantly lowered SSDI benefits paid and the number of months with SSDI benefits for those with a job in hand, and may have increased the percent of years with earnings above the BOND Yearly Amount among those with at least one such year (*Appendix D, Exhibit D-4*). EWIC did not change the percent of years with some employment, average earnings, or percent of years with earnings above the BOND Yearly Amount when compared to WIC. These results suggest that the additional intensity of EWIC may improve employment outcomes for those who held a job at the time they first received services.

Effects of EWIC by increases in income from working in job held at first contact. We find evidence that the impacts of EWIC compared to WIC vary across beneficiaries based on the size of the increase in their income from earnings and SSDI benefits if they work in the job held at first service. However, the reasons for these differences is less clear. Appendix D presents analyses of three different sets of subgroups—those with high and low changes in income, those with high and low percentage changes in income, and those who face no reduction in SSDI benefits versus those with some reduction in SSDI benefits—in an attempt to determine why some groups experience greater gains from EWIC than do others. It appears that the additional intensity of EWIC had a greater effect on those with higher paying jobs. This could be because those with high increases in income having more potential variation in their income (from no work to high earnings vs. from no work to low earnings). It could also be that the additional intensity is particularly valuable for these beneficiaries.

These findings are subject to several caveats. First, they are based on data from BOND, in which both the benefits rules and the provision of benefits counseling were different from what is standard under WIPA, and only beneficiaries who volunteered to participate are included. Second, it is possible that outreach by EWIC counselors changed the sample who received benefits counseling in the T22 group, in ways not proxied for by demographic measures. Finally, the comparison being made is between WIC (similar to WIPA) and EWIC (an enhanced form of benefits counseling); it is possible that groups who experience the greatest gains from those enhancements are not the same as those who experience the greatest gains from a more standard level of services.

3. Potential WIPA Service Model Changes

This section presents 16 recommendations that Abt developed in response to the four research questions and describes the evidence we found that prompted each recommendation. We gathered evidence through the literature review, key informant interviews, analysis of BOND and POD data, and through Abt’s experience implementing BOND and POD. We organize the recommendations by research question. We also include a fifth section with additional recommendations for the WIPA model that do not align with any question. *Exhibit 3-1* presents the recommendations, grouped in three broad categories based on the recommendation focus: (1) Providing services tailored to beneficiary needs; (2) Identifying service delivery efficiencies; and (3) Increasing external support for the WIPA program’s mission.

Exhibit 3-1. Recommendations by Research Question and Category

Research Question	Category 1	Category 2	Category 3
	Providing Services Tailored to Beneficiary Needs	Identifying Service Delivery Efficiencies	Increasing External Support for the WIPA Program’s Mission
RQ#1	Intermediate service tier (3.1.1)	Resource materials (3.1.4) Specialization (3.1.5)	Coordination within community (3.1.2) Accompanying family/friend (3.1.3)
RQ#2	Visual aids (3.2.2)	Distance services (3.2.1)	
RQ #3	Different services at different times (3.3.1)		
RQ#4	Part-time work (3.4.1) Transition-age youth (3.4.2)		
Additional Recommendations	Apportioning WIPA funds (3.5.3)	Benefits verification (3.5.1) Multi-state service areas (3.5.2) Data collection method (3.5.4) Data reporting (3.5.5)	External counseling capacity (3.5.6)

3.1 Recommendations – Research Question #1

Research question #1 focuses on the content of benefits counseling offered to beneficiaries most likely to result in successful, longer-term employment outcomes for beneficiaries. Through our analysis, Abt identified five recommendations in this area.

3.1.1 Intermediate Service Tier

SSA could consider emphasizing with WIPA grantees that they can provide an intermediate level of services. This service tier would be beyond I&R, generally provided by the TTW Help Line, but less than the individualized benefits counseling that grantees provide that routinely includes a BS&A for each beneficiary. The BS&A is a comprehensive document but time-consuming for WIPA providers to prepare. The intermediate service tier would provide targeted, individualized information that is less extensive than what is contained in a BS&A. This level of services would be designed for beneficiaries who are looking for assistance addressing a specific problem or question, such as to understand an overpayment; learning about options for health insurance; or understanding their reporting requirements. Grantees currently have the option to provide different levels of services to beneficiaries, but the current approach to reporting on their activities categorizes beneficiaries as receiving either I&R or WIPA (the WIPA traditionally including preparation of a BS&A). This binary approach might keep a grantee from realizing it can offer a range of service levels to beneficiaries. Or the approach might cause a grantee to

3. POTENTIAL WIPA SERVICE MODEL CHANGES

place all beneficiaries receiving services beyond I&R into the WIPA category, so it receives “credit” for serving them in the reports the grantee submits to SSA.

To handle beneficiaries who are candidates for an intermediate level of services, SSA could train each WIPA grantee to address beneficiaries’ immediate, specific needs and to educate them on the range of services available to them through “full” WIPA services, should they require comprehensive individualized benefits counseling services in the future. This education can also help beneficiaries to understand what follow-up questions they may want to ask their CWIC, which might lead to CWICs identifying beneficiaries as good candidates for “full” WIPA services. The WIPA grantees could also be trained to identify the beneficiaries who might benefit from a BS&A despite having asked for assistance with a specific question or problem. The majority of beneficiaries may still require “full” WIPA services, but if CWICs can address the specific needs of some beneficiaries with less time, this frees up time for CWICs to spend on other beneficiaries.

Evidence

The evidence to support this recommendation comes from the key informant interviews and the literature review, including financial education principles that suggest “meeting people where they are” rather than providing the same information and services to all (Consumer Financial Protection Bureau 2017). Seven key informants provided feedback on the preparation of the BS&A as one of the primary components of more intensive, individualized WIPA services.

In addition, five of the seven informants suggested that the BS&A is too long for participants to easily digest, with two of the five reporting that beneficiaries are “overwhelmed” by its length. Another respondent reported that counselors feel like they are writing “long reports that no one reads,” suggesting that some CWICs may be spending time writing BS&As for beneficiaries who are not interested in receiving, or ready to receive, the information contained in them.

3.1.2 Coordination Within Community

SSA could identify opportunities to increase what service providers know about SSA program rules and work incentives within the community beyond the Work Incentive Seminar Events (WISE) webinars seminars offered through the TTW contract. One way SSA could do this is to further promote the availability of the *Introduction to Social Security Disability Benefits, Work Incentives, and Employment Support Programs Web Course* offered through the National Training and Data Center (NTDC) contract. That course provides a basic introduction to SSI and SSDI and their associated work incentives as an overview of the field of work incentives planning. Making VR agencies, ENs, and other community providers aware of this training could improve the consistency of the return to work message that beneficiaries receive, allow those beneficiaries not receiving WIPA services to learn how working affects benefits, and make beneficiaries who could be helped by benefits counseling aware of the WIPA program. Empowering others to communicate accurate information on work and benefits would also allow CWICs to spend less time correcting inaccurate information and combatting misconceptions.

Evidence

The evidence to support this recommendation comes from the key informant interviews, as seven of the nine WIPA/VR directors noted the need for community service providers to increase their knowledge of SSDI and SSI program rules and work incentives so that beneficiaries get consistent and accurate information supporting their interest in returning to work. The lack of outreach and training on SSI/SSDI program rules for community service providers was the most commonly cited weakness or area for improvement for the WIPA program, noted by five respondents.

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3.1.3 Accompanying Family/Friend

SSA could consider emphasizing to CWICs that all beneficiaries might benefit from having a parent, guardian, spouse, or friend with them on their initial calls or meetings with the counselor. Having another person attend can be beneficial by helping the beneficiary answer the CWIC's questions and by being a resource should the beneficiary have questions in the future about what was discussed. In addition, if the parent, guardian, spouse, or friend is skeptical about the beneficiary going back to work, hearing firsthand from the CWIC about the benefits of working might convince this person to support the beneficiary's work attempts. CWICs already are trained on the advantages of having someone accompany beneficiaries on calls/meetings, especially youth and those with cognitive or psychiatric impairments; but SSA might consider emphasizing with grantees how all beneficiaries can benefit from it. This might be implemented through the delivery of technical assistance, the development of a supplemental training, and/or discussion on an all-grantee WIPA national leadership call.

Evidence

The evidence to support this recommendation comes from the key informant interviews and the literature review. Five of the key informants stressed the importance of engaging with parents (for transition-aged youth beneficiaries), families, and representative payees in order to normalize the idea of employment with the beneficiary and with those who might be influencing the beneficiary's employment decisions. Evidence from PROMISE suggests that benefits counseling can increase work under the right circumstances; the benefits counseling model used in the demonstration involved the inclusion of parents or guardians of the youth (Schlegelmilch et al., 2019). In its studies of myriad financial education programs, the Global Financial Literacy Excellence Center includes in its "Understand What Works" guide advice that youth financial literacy programs are more successful when they include a program component for parents (Avery et al. 2016). Van Campenhout (2015) offers some suggestions about how to include parents in youth financial education counseling sessions.

3.1.4 Resource Materials

SSA could consider reviewing the content of the resource materials used to communicate with beneficiaries, including SSA brochures, materials developed by WIPA grantees, and the WIPA-related content on the ChooseWork website, to ensure messaging on the WIPA program is clear and consistent. Any improvement in beneficiaries' understanding of the role of the CWIC and what they will and will not receive through benefits counseling will save CWICs' time by reducing the frequency of their having to explain these concepts. Improving messaging about the WIPA program also could help minimize the time CWICs spend with beneficiaries for whom WIPA is not a good fit, such as those who want only assistance finding a job.

Evidence

The evidence to support this recommendation comes from the key informant interviews and the literature review. Interviewees who work on WIPA grants reported that they spend time addressing confusion about their role, and they believe the confusion could be at least partially alleviated through clearer communication from SSA. Multiple respondents mentioned that when the TTW Help Line refers beneficiaries to WIPA providers, the beneficiaries are often confused about what services will actually be provided. One informant offered to review and improve the script the Help Line staff use to describe WIPA services.

Evidence from the literature review suggests that clear, simple materials can improve understanding of programs and benefits. A randomized study of older workers found that a brochure about Social Security features coupled with an online tutorial increased labor force participation one year later by 4 percentage

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points relative to the control group mean of 74 percent (Liebman and Luttmer 2015). The control group did not receive a brochure or invitation to the online tutorials. All members of the treatment group received the same brochure; the online tutorial was tailored to each user, with specific examples that fit that person's characteristics such as age, gender, and length of time in the labor force.

Studies and government experience have found that simplifying and personalizing information is effective. In 2020, the State of Michigan simplified its SNAP, cash assistance, and other benefits renewal form after it found, in testing in two counties, that the simplified, plain language form increased the response rate from 73 percent to 96 percent and also reduced errors 60 percent and reduced office visits by 50 percent (Bridge 2020). In a randomized study of 35,000 individuals most likely eligible for the federal EITC in 2009, Bhargava and Manoli (2015) found that a simplified mailing about the EITC that displayed the potential tax credit dollar amount increased take-up of the EITC by 8 percentage points. Mailings that included complex materials *decreased* EITC take-up.

3.1.5 Specialization

SSA could consider implementing an approach where select CWICs specialize in supporting particular groups, such as veterans, youth, people who are self-employed, people who have hearing impairments and use American Sign Language, and people who have visual impairments. The specialization could occur at the grantee level, if the size of the award and the number of beneficiaries in the service area could support it. For smaller groups, or to serve beneficiaries residing in a service area that cannot support a specialized CWIC, a more feasible approach could be for a national-level grantee to offer the specialized services. Specialization could help to improve the quality of the services delivered to these groups and increase efficiency of CWICs in their delivery of services. Specialization could also help reduce the amount of technical assistance required by a WIPA grantee, as the NTDC contract could focus its technical assistance in these topical areas on select CWICs.

Evidence

The evidence to support this recommendation comes from the key informant interviews. Multiple informants reported some specialization on specific beneficiary subgroups among counselors, with a couple reporting that they already have counselors specializing on serving veterans. One director mentioned having a benefits specialist who focuses on serving transition-aged youth, and another had two counselors who speak Spanish and serve Spanish-speaking beneficiaries. One director serves as that organization's specialist for self-employed beneficiaries and plans to train another counselor to specialize in serving this subgroup, given the increase in self-employment among beneficiaries it serves. These informants believe that specialization allows them to provide better information more efficiently than would otherwise be possible.

3.2 Recommendations – Research Question #2

Research question #2 focused on methods CWICs could use to deliver benefits counseling to beneficiaries that would be more effective than the current delivery model. Through our analysis, Abt identified two recommendations in this area.

3.2.1 Distance Services

SSA could consider continuing and strengthening its emphasis on remote delivery of services. Forgoing travel could create efficiencies for WIPA grantees, allowing them to manage their schedules more flexibly. Eliminating in-person interactions could also reduce expenses currently incurred by the grantee to secure a conveniently located physical office or meeting space. Remote delivery also could facilitate grantees establishing larger service areas (also see Recommendation 3.5.2). CWICs could still

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periodically travel to central locations in their service areas to meet with beneficiaries who need or strongly desire in-person counseling.

Evidence

The evidence to support this recommendation comes from the key informant interviews and the literature review. All WIPA directors interviewed have delivered a large proportion of their benefits counseling remotely for the last several months, and the majority used a mostly remote model previously. Five of them did mention that some beneficiaries prefer and benefit from in-person counseling, but most reported that remote provision has worked well for most beneficiaries they serve.

A study of a benefits counseling website encouraging Veterans Compensation applicants to join the workforce found that users rated the site as “neutral” or “positive” compared to in-person benefits counseling (Serowik et al. 2014). Non-experimental evidence suggests that synchronous, online courses for college students are as satisfied with and can achieve the same mastery of course content remotely as from in-person courses (Batte et al. 2003).

Other lessons about the success of virtual environments stem from studies of the workplace. This literature suggests appropriately matching technology to the task—by using “leaner” text-based methods (email, online chat, bulletin boards) for one-way communication and web conferencing or videoconferencing for two-way communication tasks such as problem solving and working through interpersonal issues (Hill and Bartol 2018). It also emphasizes the importance of making intentions clear, as readers will not always focus on what the writer thinks is most important, and that people tend to be “less guarded and more negative” in writing and reading material, so it is important to keep a positive tone (Hill and Bartol 2018). A third recommendation is staying in sync by maintaining contact and avoiding prolonged silences to build trust and avoid distractions towards the main goal of the collaboration (Hill and Bartol 2018).

Call center training materials offer other best practices (e.g., see CallCentreHelper.com <https://www.callcentrehelper.com/ten-tips-to-improve-listening-skills-on-the-telephone-1534.htm>). Even the American Academy of Family Physicians offers advice to physicians on how to make phone visits with patients “more productive and meaningful” (https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telephone_visit_tips_2.html).

3.2.2 Visual Aids

SSA could consider continuing to pursue the creation and dissemination of innovative visual tools and models that explain complicated concepts such as the TWP and EPE (for beneficiaries who do not have visual impairments). These materials could be developed by SSA or the NTDC, or by WIPA grantees. In addition to helping beneficiaries understand such concepts, the use of these tools could help improve the quality and the consistency of the benefits counseling delivered across WIPA grantees. Sharing innovative tools across programs can also be more efficient, as it eliminates the need for multiple grantees to develop their own visual aids. SSA could also consider creating new multi-media tools and illustrative stories to share with the grantees. Visual aids may be best suited for explaining general concepts, so that a single visual can be used for many beneficiaries.

Evidence

The evidence to support this recommendation comes from the key informant interviews and the literature review. Three interviewees reported that they use visual aids to explain complicated concepts such as the TWP and EPE.

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Commonly suggested tools for educating adults are pictures, stories, and participation (Kalwinski and Petersen 2016). Pictures or graphics are easy way to help beneficiaries “see” something. Simpler ways of presenting numbers, such as bar graphs and pie charts, may be more accessible than line charts. Pictures can also be diagrams or flowcharts to help the listener understand linear steps in a process (Abrahams 2018). Stories that convey logic and relationships can be much more memorable for the listener than many other communications tools because it is human nature to imagine oneself in the story and how one would have acted in a similar circumstance (Kalwinski and Petersen 2016). Pictures and stories are one-way communication tools, whereas participation is a two-way communication tool and also important for conveying complex material. The beneficiary (“student”) is more likely to remember the material if they are actively engaged in it, by asking questions or working with the counselor (“teacher”) on examples salient to them.

3.3 Recommendations – Research Question #3

Research question #3 focused on whether literature or existing data support SSA’s assumption, based on anecdotal experience, that it is better to serve beneficiaries at the point when they begin to work rather than when they are first considering work or later once they are working and changes begin to occur in benefits due to their work earnings. The question also asked if there is evidence indicating that it is more beneficial to support beneficiaries at other points along the return-to-work continuum. Through our analysis, Abt identified one recommendation in the area of optimal timing for delivering benefits counseling to beneficiaries.

3.3.1 Different Services at Different Times

SSA could consider offering different WIPA services to beneficiaries at different stages of employment.

Beneficiaries considering work. SSA currently prioritizes beneficiaries who are working over beneficiaries considering work. As a result, beneficiaries who are not working may not have access to the information they need as they consider work. To provide information to these beneficiaries, SSA could increase the prioritization level of beneficiaries considering work. Services for these beneficiaries could be less intensive than services provided to beneficiaries who are working. For example, counselors could provide a general introduction to work incentive rules and the CWIC’s role. Offering low-intensity services to beneficiaries who are considering work could reduce the amount of time CWICs need to spend with beneficiaries once they are working, because the CWICs would have already presented this information and would only need to review it. If services to beneficiaries when they are considering work decrease the time needed to serve beneficiaries once they are working, or if the services provided to those who are considering work are very brief, the additional amount of time needed to serve each beneficiary might be relatively small. Contact with beneficiaries at this stage can also serve to start building a relationship between them and CWICs for when they need assistance in the future.

Beneficiaries who are working. SSA could maintain its emphasis on expedient service for those who are working or about to work. Key informants stressed that beneficiaries who are working have the strongest immediate need for benefits counseling.

Protocols by stage. SSA should emphasize the availability of protocols for WIPA grantees for serving beneficiaries at different stages—considering work, about to work, working for a period of time—to guide grantees in allocating their CWICs’ time. The information beneficiaries need can differ based on their stage of employment. Such protocols can standardize the services provided across WIPA grantees in accordance with SSA’s priorities. SSA could also continue to pursue partnerships with other

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organizations (e.g., ENs, VR agencies) that may be able to both provide benefits counseling early in the employment process and hand off cases to WIPA grantees once the beneficiary is working.

Evidence

The evidence to support this recommendation comes from the key informant interviews, secondary data analysis, and the literature review. Seven of the key informants we asked said that the best time to initiate the WIPA intervention is when beneficiaries are considering work. Beneficiaries need a roadmap for what to expect as they return to work, and providing counseling beforehand avoids confusion and discouragement once changes in benefits occur. Interviewees stated that often beneficiaries who are working have the most pressing needs for work incentives counseling, as they need to understand reporting requirements and impacts on their benefits. Interviewees reported that people at different points on the return-to-work continuum need different services; others reported following a standardized process for all beneficiaries they serve.

BOND compared the effects of two types of benefits counseling: standard work incentives counseling modeled after WIPA, and a more intensive, enhanced work incentives counseling. Results from analyses of BOND data suggest that more intensive benefits counseling, compared with standard benefits counseling like that offered in WIPA, may have a greater effect on those who are working or about to work when they first receive services than on other beneficiaries.

From the literature review we identified research on financial education interventions that often used the Trans-Theoretical Model (TTM, or “Stages of Change” model) developed in the psychology literature in the 1970s and still applied to models of behavior change (Shockey and Seiling 2004, Spader et al. 2009). Beneficiaries receiving SSDI have many reasons to believe that their disability prevents them from working and that work attempts carry too great a risk of their losing benefits. The TTM proposes that individuals move through six stages in changing a behavior; for example, to quit smoking or to re-enter the workforce after disability (Prochaska et al. 2009): *precontemplation*, *contemplation*, *preparation*, *action*, *maintenance*, and *termination*. The WIPA service model is aimed at beneficiaries in the contemplation, preparation, and action stages. A key principle of the TTM is that people in different stages require different kinds of support to move forward.

3.4 Recommendations – Research Question #4

Research question #4 focused on whether there is evidence that indicates which population is most likely to succeed in their work attempts with support. Through our analysis, Abt identified two recommendations in this area.

3.4.1 Part-Time Work

SSA could consider emphasizing to grantees that SSA does not require that WIPA services be prioritized to beneficiaries working full-time over part-time. SSA could also consider ways to emphasize that the goal of the program is to increase economic stability, perhaps by tracking outcomes tied to this goal or by identifying and revising inconsistent messaging.

Evidence

The evidence for this recommendation comes from the key informant interviews. Two informants stated that they believe they are required to prioritize those working or planning to work full-time over those working part-time. They mentioned that many beneficiaries who eventually work full-time begin by working part-time and that some who believe they want to work part-time may be interested in full-time work after speaking with a CWIC.

3.4.2 Transition-Age Youth

SSA could consider having WIPA grantees continue to prioritize serving transition-age youth. Informants believe that that population is particularly likely to benefit from benefits counseling. Grantees might consider serving youth differently than they do adults, such as putting extra emphasis on including family members (see Recommendation 3.1.3) or beginning with more general information about benefits and work.

Evidence

The evidence to support this recommendation comes from the literature review and the key informant interviews. Some PROMISE sites found significant impacts of benefits counseling, suggesting that it can be effective for youth (Schlegelmilch et al. 2019). These sites use a slightly different approach from that used in WIPA, including meeting with the youth and family over three months to discuss general information. Four informants stated they view transition-age youth as a population for whom benefits counseling has a high return. Their description of how they work with youth is somewhat similar to that found in PROMISE—they place particular emphasis on including family members, and they often begin with general education about benefits.

3.5 Additional Recommendations on the WIPA Model

Abt identified six additional recommendations related to the administration and operations of the WIPA program.

3.5.1 Benefits Verification

SSA could consider implementing changes to the benefits verification process to reduce the time CWICs currently spend verifying benefits. The process CWICs follow to verify the SSA, other federal, and state benefits of beneficiaries can be time-consuming and takes time away from delivering benefits counseling. Within this recommendation we identified three options for SSA's consideration.

MySSA account. SSA could explore making the Benefits Planning Query (BPQY) available to beneficiaries through their MySSA account. If possible, SSA could establish a process that allows beneficiaries to view their BPQY on demand online. If the document cannot be generated on demand, SSA could explore whether beneficiaries could submit an online request for their BPQY to be generated. Ideally, under either scenario, beneficiaries could choose a recipient to receive their BPQY (such as themselves or their CWIC) and the delivery method (such as by mail, fax or encrypted email). If the MySSA account allowed beneficiaries to access their BPQY, this would facilitate the CWIC receiving the BPQY and reduce the time the CWIC needs to spend following up with the beneficiary for the document. This approach could also reduce the workload of field office staff if BPQYs could be auto-generated and the distribution process (whether by mail, fax, or email) automated.

Consolidate verification process. For states with multiple WIPA grantees, SSA could consider consolidating the benefits verification process within each state by awarding one grantee a hybrid service delivery/benefits verification grant. This grantee would be responsible for verifying the benefits for all beneficiaries within the state. Having dedicated staff in this role would streamline the process because each benefits counselor in the state would not need to develop relationships with the offices that verify each type of benefit. The volume of verification work would likely allow the hybrid grantee to staff the verification position(s) with staff who are at a levels junior to CWICs, which would make the task more cost-effective. When making the hybrid grant award, SSA could prioritize grant applicants with existing access to state-level benefits, such as a VR or workforce agency.

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Optional verification process. In some cases, CWICs may not need to complete the full benefits verification process for beneficiaries. SSA could consider providing grantees with technical assistance or clarification on the different types and levels of clearance CWICs need to obtain, and when verification is not needed. Doing so would clarify an apparent disconnect between SSA's verification policy and what the grantees we interviewed understand the policy to be. If SSA can clarify what is required by CWICs when verifying benefits, this could reduce the time CWICs spend completing the benefits verification process, allowing them to spend more time delivering benefits counseling.

Evidence

The evidence to support this recommendation comes from the key informant interviews. When asked to identify the most time-consuming WIPA activity, six of the nine key informants mentioned requesting BPQYs. They reported varying response times from SSA field offices to fulfill requests, from 1-2 weeks to as long as 30 days. Some key informants also mentioned difficulties and delays verifying state benefits, especially the agencies that did not have direct online access to their state Medicaid system. Some informants noted that they had invested time in developing relationships with people who were able to facilitate verification, or were located in a state agency that gave them access to some program records. One VR informant stated that they did not conduct comprehensive verification, instead relying on beneficiary records. At least two informants stated that they believed that an experienced CWIC could identify the cases where full verification was needed. SSA could develop guidance to assist CWICs with identifying these cases. A WIPA director suggested access through the MySSA account.

3.5.2 Multi-State Service Areas

SSA could consider consolidating program operations in fewer, larger service areas. SSA could accomplish this as allowed within the \$300,000 grant award cap by grouping several states into a single service area. Having fewer service areas would increase efficiencies for the WIPA program: (1) SSA would have fewer grants to manage; (2) SSA could fund fewer local grantee managers at the minimum 0.25 FTE level set by SSA, which would allow for more resources to be put towards service delivery; (3) WIPA grantees would have fewer part-time CWIC counseling positions to fill because the larger grants would support a greater number of full-time positions; and (4) grantees would have greater opportunities for specialized staff.

When considering how to group states, SSA could consider those located in the same region or those with similar policies (e.g., Medicaid expansion or MBI programs). Grouping states in the same region into one service area might increase the chances for in-person service delivery and for collaboration between the regional WIPA and local community service providers to improve services for beneficiaries. Grouping states with similar policies would lessen the burden on the regional WIPA staff to become expert on benefits programs in multiple states, translating into more accurate counseling for beneficiaries.

When selecting a provider to support a multi-state area, SSA could consider the cost of services for different service providers in the area. SSA may find that the wages of CWICs vary significantly by both the type of service provider (such as a non-profit or VR agency) and the cost of living in a particular state. If SSA chooses a service provider with lower costs, that grantee could provide more counseling hours through its grant than a grantee with higher costs can.

Evidence

The evidence to support this recommendation comes from Abt's experience implementing BOND and POD and from the key informant interviews. On both demonstrations, several benefits counselors have supported beneficiaries living in multiple states. Virginia Commonwealth University, part of the Abt team

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on both demonstrations, assisted the benefits counselors with identifying contacts in states new to that counselor. In addition, the development of HotDocs has supported counselors writing BS&As for beneficiaries from other states.

Five of the seven WIPA directors we interviewed were open to the idea of serving beneficiaries in multiple states, noting that they already serve large geographic areas and deliver all or most services remotely. Interviewees noted that they would need time to expand their knowledge of state-specific policies and programs, and to establish the local contacts important to service delivery. A couple of interviewees were concerned that learning another system of benefits and supports would be too difficult, or believed that beneficiaries value speaking with someone in their own state even if over the phone.

Evidence to support the recommendation to compare the cost of service providers comes from Abt's experience implementing BOND and POD and experiencing the range in wages paid to benefits counselors, which differ by geographic location as well as type of entity.

3.5.3 Apportioning WIPA Funds

SSA could consider exploring whether factoring the composition of a service area's beneficiary population into the size of a service area's grant amount would fulfill the requirement, as Abt understands it, that SSA distribute WIPA program funding based on the population of disability beneficiaries in any outlined service area. When determining a grant amount, SSA could weight the count of beneficiaries in the service areas by the amount of time required to serve them, based on factors such as the kinds of benefits received (SSDI vs. SSI), veteran status, or employment pursued (self-employment vs. wage employment), as available in the Disability Access Files and other data sources. This approach would provide additional funding to WIPA grantees whose population has a greater proportion of beneficiaries who are traditionally more time-consuming to serve compared to what funding the grantees would receive under the current funding formula. The formula change also would result in grantees whose population has a smaller proportion beneficiaries who are traditionally more time-consuming to serve receiving less funding compared to what they would receive under the current formula.

Evidence

The evidence to support this recommendation comes from the key informant interviews. Informants reported that certain beneficiaries typically take more time to serve. These include SSDI beneficiaries, due to the more complex rules and given their greater likelihood of having work histories and current employment; veterans; and those self-employed.

3.5.4 Data Collection Method

SSA could consider implementing a centralized data storage solution, to make it easier for CWICs to share beneficiary information with co-workers. This would take the place of the current system, in which case files are saved locally on flash drives as a series of PDF documents. One option SSA might consider using is a government-approved web-based file transfer platform to securely share files.

Evidence

The evidence to support this recommendation comes from the key informant interviews and Abt's experience maintaining project data systems and using a secure file-sharing platform for POD. At least two informants reported difficulties with maintaining data stored on separate flash drives—making it difficult to share case files. They also reported difficulties with the flash drives themselves, creating more work when the devices crashed. SSA could explore a file-sharing solution with an active FedRAMP

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authorization at the FIPS 199 moderate level. A file-sharing solution would allow grantees to safely store and exchange WIPA program data within a grantee's staff and with SSA.

3.5.5 Data Reporting

SSA could consider reviewing what data the WIPA grantees need to report and whether there are reporting requirements that SSA could adjust or drop to simplify grantees' reporting process.

Evidence

The evidence to support this recommendation comes from the key informant interviews. Several interviewees reported that the current reporting and data collection requirements take significant time, suggesting that it could be simplified, perhaps by allowing the WIPA grantees flexibility in how to collect data and report the measures that SSA needs. One interviewee suggested the measures should put less emphasis on paperwork (e.g., BS&As and WIPs) and more on the actual counseling provided, perhaps via a measure of counseling time spent or measures capturing additional types of counseling or services provided.

3.5.6 External Counseling Capacity

SSA could consider exploring ways it can continue to encourage other organizations, including VR agencies, ENs, and other service providers, to fund benefits counseling. These organizations could offer benefits counseling themselves or contract with WIPA grantees for benefits counseling. Organizations might find these models attractive if they believe that benefits counseling helps their clients meet their employment goals. SSA could expand training options for community partners in CWIC certification trainings to increase the number of them who can provide information on work, benefits, and work incentives. SSA might also disseminate information about successful arrangements by which organizations provide benefits counseling or purchase the service for their clients, or it might try to facilitate partnerships.

Evidence

The evidence to support this recommendation comes from the key informant interviews. Both VR directors interviewed reported that their agency funds benefits counseling, though in two different ways. One director described a model in which VR counselors offer benefits counseling services for beneficiaries who are receiving other services from VR. Once cases are successfully closed, the VR counselors refer their clients to local WIPA grantees for ongoing benefits counseling support. The other director described a fee-for-service model where the VR agency purchases specific services, such as BS&As, WIPs or counseling regarding maintaining health insurance, from local WIPA providers. Other WIPA interviewees described models where VR agencies or other organizations provide funding to grantees for serving their clients. One WIPA director reported a fee-for-service grant from the state's VR program and commission for the blind, which allowed the WIPA provider to serve beneficiaries at earlier stages of returning to work than they do with WIPA funding. The partnership with the state VR agency resulted in a better continuum of services for beneficiaries, with the goal of eventually serving them as full WIPA cases.

4. Summary

SSA asked Abt to develop evidence-based recommendations for potential changes that SSA might consider for the WIPA program service model under the *WIPA Service Model Analysis* call order. The 16 recommendations described in Section 3 are a combination of strategies SSA has considered in the past; is currently doing and might continue, expand, or emphasize; and has not previously explored. When reviewing these recommendations, it is important to note that the key informants Abt interviewed were generally satisfied with the fundamentals of the WIPA program, calling the WIPA model the “gold standard” for benefits counseling. Their suggestions for how the WIPA program could be changed—some of which are incorporated in Section 3—were generally small in scale. When the informants suggested larger-scale changes, such as expanding the number of beneficiaries supported through the WIPA program or the kinds of support provided, they acknowledged that such change would require additional funding beyond the budget available for WIPA cooperative grants. We have generally deemphasized recommendations that would clearly require a substantial increase in WIPA program funding, focusing instead on those that would not.

We grouped our specific suggestions in Section 3 under three broad recommendations:

- Provide beneficiaries with the *information and services they need*, rather than providing similar services to everyone. This might allow CWICs to spend less time providing information that a given beneficiary is not interested in, or for the information that is delivered to be more easily digested and acted upon.
- *Identify service delivery efficiencies*, so that CWICs can spend more time working with beneficiaries and less in other activities.
- Pursue *increased external support* for the WIPA program’s mission. Many other agencies and organizations have goals that align with WIPA’s; some of those agencies are already communicating with beneficiaries about work incentives, even providing benefits counseling on their own or by purchasing the service from WIPA grantees. Leveraging this support could expand the total budget allocated to benefits counseling, even with no increase in WIPA funding.

SSA has indicated that three of the suggestions are current practice: (3.1.1) Allowing CWICs to deliver an intermediate level of services in between I&R and the traditional “full” WIPA services; (3.1.3) Encouraging all beneficiaries to have a friend/family member accompany them to meetings with CWICs; and (3.4.1) Prioritizing beneficiaries employed in part-time work or full-time work equally. That key informants would suggest these three as changes when they are already SSA’s practice, indicates that disconnects exist between SSA’s policies and the WIPA grantees’ understanding of those policies. Such disconnects can be addressed relatively easily through more and clearer communication with the grantees.

Four of the suggestions, should SSA choose to pursue them, would optimally be implemented as part of the next round of WIPA grantee awards: (3.1.5) Having select CWICs specialize in beneficiary population subgroups; (3.5.1) Centralizing the benefits verification process; (3.5.2) Creating multi-state service areas; and (3.5.3) Modifying the formula used to apportion funds across grantees. Implementing these recommendations as part of the next round of cooperative agreements would be ideal because these four would affect the size of the service area awards and the scope of the awards.

SSA is faced with a growing challenge: How to make its fixed \$23 million budget to deliver WIPA services and provide training and technical assistance to WIPA grantees go further each time it awards

new grants. SSA is also facing the challenge of ensuring that the WIPA program continues to be attractive to grantees so a sufficient number of skilled providers apply to participate in the program. The 16 suggested changes that Abt identified can help SSA improve how the WIPA program operates for both beneficiaries and grantees, and can stretch that fixed budget with new efficiencies in the WIPA service model. Those results, combined with the solid commitment to the WIPA program the informants conveyed in our interviews, place the WIPA program in a strong position for the 2021 round of funding and for the future delivery of benefits counseling by WIPA grantees.

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Appendix A. Trans-Theoretical Model

The Trans-Theoretical Model (TTM) proposes that individuals move through six stages to achieve behavior change; for example, to quit smoking or to re-enter the workforce after disability (Prochaska et al. 2009, 59-83):

1. *Precontemplation*—In this stage, people do not intend to take action in the foreseeable future (defined as within the next 6 months). People are often unaware that their behavior is problematic or produces negative consequences. People in this stage often underestimate the pros of changing behavior and place too much emphasis on the cons of changing behavior.
2. *Contemplation*—In this stage, people are intending to start the healthy behavior in the foreseeable future (defined as within the next 6 months). People recognize that their behavior may be problematic, and a more thoughtful and practical consideration of the pros and cons of changing the behavior takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behavior.
3. *Preparation (Determination)*—In this stage, people are ready to take action within the next 30 days. People start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life.
4. *Action*—In this stage, people have recently changed their behavior (defined as within the last six months) and intend to keep moving forward with that behavior change. People may exhibit this by modifying their problem behavior or acquiring new healthy behaviors.
5. *Maintenance*—In this stage, people have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward. People in this stage work to prevent relapse to earlier stages.
6. *Termination*—In this stage, people have no desire to return to their unhealthy behaviors and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs.

To progress through the stages of the TTM, people apply cognitive, affective, and evaluative processes, identified in the psychology literature as 10 processes.

1. *Consciousness Raising*—Increasing awareness about the healthy behavior.
2. *Dramatic Relief*—Emotional arousal about the health behavior, whether positive or negative arousal.
3. *Self-Reevaluation*—Self reappraisal to realize the healthy behavior is part of who they want to be.
4. *Environmental Reevaluation*—Social reappraisal to realize how their unhealthy behavior affects others.
5. *Social Liberation*—Environmental opportunities that exist to show society is supportive of the healthy behavior.
6. *Self-Liberation*—Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.

7. **Helping Relationships**—Finding supportive relationships that encourage the desired change.
8. **Counter-Conditioning**—Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.
9. **Reinforcement Management**—Rewarding the positive behavior and reducing the rewards that come from negative behavior.
10. **Stimulus Control**—Re-engineering the environment to have reminders and cues that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior.

Appendix B. Key Informant Interview Guides

WIPA Service Model Analysis Interview Guide (WIPA Informants)

Key Informant Information

Abt will begin each interview by confirming the following for each person participating on the interview:

- Current position
- Experience with or knowledge of the WIPA program
- Experience with or knowledge of other work incentives counseling programs or models
- How long the informant has been involved in the field

PART A: Research Questions #1-4

I'd like to talk to you about the services that the WIPA program provides to SSA's SSDI/SSI beneficiaries. I know that Community Work Incentives Coordinators (CWICs), and Community Partner Work Incentives Counselors (CPWICs) help beneficiaries to understand the rules of specific Work Incentives. They help beneficiaries understand how work incentives apply to beneficiaries as well as work and earnings may impact their SSI, SSDI, health care, and other public benefits.

1. Can you please describe in detail the work incentives counseling services your agency provides to SSDI and SSI beneficiaries?
2. Which of the various services that you listed do you think best meet beneficiaries' needs? Why? [Prompt if needed: Do you think these services also lead to successful, longer term employment outcomes for beneficiaries?]
3. Which services provided under the WIPA program do you think have the least impact on sustained employment for the beneficiary? Why?
4. Based on your experience, what type of assistance do you think that beneficiaries most often need from their work incentives counselors?
5. What aspects of delivering work incentives counseling take the most time for WIPA staff? What makes these tasks so time consuming? Do you have any ideas on how to streamline those processes?
6. In your opinion is verifying state and local benefits an important part of the work incentives counseling process? Do you find that actual verified benefits differ substantially from what beneficiaries report?
7. Are there any other services WIPAs could provide that you think would improve outcomes in terms of beneficiaries improving their economic security and achieving their long-term employment goals?

Next, I'd like to talk about the **methods** used to deliver work incentive counseling services to SSA's beneficiaries. By methods, I mean things like the Ticket Program Manager Help Line providing much of the Information and Referral services, and other services WIPAs provide over the phone, in person and in writing.

8. We understand that the 2015 Request for Applications for the WIPA program stated that SSA “strongly encourage each awardee to provide services via distance methods wherever possible”. What are the pros of this approach? The cons?
9. What proportion of services would you say that your WIPA program provides in person, versus remotely?
10. Are there particular methods or technologies that counselors use to communicate with beneficiaries when delivering counseling remotely that you think work well?
11. Have you made any changes to the way you deliver services due to COVID-19? What lessons have you learned from those changes that might be useful for the future?
12. Are there parts of the Benefits Summary and Analysis that beneficiaries find particularly challenging to understand or frequently question?
13. What changes would you make to the Benefits Summary and Analysis, if you could, to improve its usefulness?
14. What specific methods or tools do you or your staff use in order to communicate complicated information with beneficiaries?
15. Are there any WIPA services that Social Security should delegate to the Help Line? Are there other changes to the role of the Help Line that you would suggest?

I’d also like to talk to you about **how SSA targets WIPA services** – that is, which beneficiaries Social Security prioritizes to receive services. In the 2015 Request for Applications for the WIPA program, SSA instructed grantees to prioritize services to beneficiaries in the following order:

- Working or self-employed full-time or about to go to work full-time
 - Working or self-employed part-time or about to go to work part-time
 - Seriously considering employment
 - Transition-aged youth, Veterans, or beneficiaries from underserved populations who are seeking training or education with a clear employment goal
16. How has this targeting of services worked in practice? Has it significantly changed the types of beneficiaries your program serves? If service capacity is the same or less, who would you think WIPA should prioritize?
 17. If the goal of the WIPA program is successful employment with sustained earnings, when do you think is the best point to provide work incentives counseling to beneficiaries? In other words, what do you think would be most effective – providing work incentives and benefits counseling when beneficiaries begin to work, when they are first considering work, at later points when changes begin to occur in benefits due to work earnings, or at some other point? If you had to choose one of these, which would it be?
 18. Would you say work incentives counseling has more impact for beneficiaries who are already working when they engage in the services than for those who are not yet working? Or does counseling have less impact for those already working? Do counseling services typically help these beneficiaries sustain their employment or increase their earnings?

19. What services are most effective for beneficiaries about to go back to work or who are ready to go back to work? How about for beneficiaries who are already working?

Next, I'd like to talk to you about **what types of beneficiaries benefit most** from work incentives counseling delivered under the WIPA program.

20. Have you observed any differences in the effect of benefit counseling for subgroups based on the following characteristics:

- Age
- Disability type
- Work history

21. Which of your agency's services are covered by WIPA funds, rather than other funding streams? [Possible follow-up: Do you have any concerns or suggestions regarding which funds cover which services?]

22. Can you explain your staffing model and who does what? [Prompt if needed: Who handles the administrative tasks? Are any functions centralized among a smaller group of staff?] How does your WIPA project handle administrative and clerical tasks? Are any tasks centralized within your project? Do particular staff members specialize in particular activities? Do you think centralization or specialization would improve operations at your WIPA project?

23. Do you think that there are methods of providing work incentives counseling services, either broadly speaking or a particular type of service, which would be more effective than the current delivery model?

[Note: Depending on how informants respond to questions #1 and #2, questions #23 and #24 may not be needed. The interviewers will use their judgment on how much time to spend on these questions.]

24. What elements of the current WIPA program do you think are most effective at leading to sustained employment for beneficiaries? What elements do you think are not leading to sustained employment?

25. Are there elements of the WIPA program that may not lead to sustained employment, but you believe are important for other reasons?

26. Does your WIPA service area cover more than one state? If so, how does that affect how you provide services? If not, in what ways do you think a larger service area that covered more than one state would affect the ways you provide services? Do you think a larger service area would change how effective those services are?

27. Do you currently collaborate with ENs or other service providers? If yes, how does that work? On what sorts of matters do you collaborate? Is collaboration something you have or would consider? If so, who might you collaborate with?

28. Are you aware of any strategies used by other work incentives counseling programs, or other programs more generally to deliver services that you think could improve the WIPA program?

29. Are there any other changes, concerns or ideas regarding the WIPA program that you would suggest to SSA?

WIPA Service Model Analysis Interview Guide (VR Informants)

Key Informant Information

Abt will begin each interview by confirming the following for each person participating on the interview:

- Current position
- Experience with work incentives counseling
- How long the informant has been involved in the field

PART A: VR Work Incentives Counseling

1. Who does your agency purchase work incentive counseling services from? How long have you had this arrangement? What services are provided? Do you have any specific contract requirements or performance measures for the work incentive counseling services you purchase from <insert name of entity services are purchased from>?
2. What types of assistance do SSDI/SSI beneficiaries who contact your agency most often need from work incentives counselors? How do needs of beneficiaries who are working compare to the needs of those who have not yet returned to work?
3. What aspects of work incentives counseling do you think best meet those needs? Do you think these services also lead to successful, longer term employment outcomes?
4. Do you know if work incentives counseling services are typically provided in-person or remotely? Are other services provided or purchased by your agency conducted in-person or remotely? Are you aware of particular methods or technologies that counselors use to connect with beneficiaries when delivering services remotely?
5. Do you know if work incentives counselors verify the federal and state benefits that each beneficiary receives? If so, how do they approach verification? Do you have a sense of how useful the verification of benefits is, either because the actual verified benefit amounts differ significantly from what beneficiaries reported or because beneficiaries were not aware of specific benefit amounts?
6. Do you refer all of the SSDI/SSI beneficiaries who your agency serves for work incentives counseling? If not, how do you determine who is referred?
7. Does your agency typically make referrals for people receiving work incentives counseling to other employment training or support service organizations? If so, how do you make and follow-up on those referrals?
8. Do you think any particular elements of work incentives counseling are more effective at leading to sustained long-term earnings gains than are others?
9. Have you observed any differences in the effect of work incentives counseling for subgroups based on the following characteristics:
 - Age
 - Disability type
 - Work history

10. Has your agency made any changes to your delivery methods due to COVID-19?
11. What specific methods or tools do you or your staff use in order to communicate complicated information with beneficiaries?
12. How might work incentives counseling be better coordinated for SSDI/SSI beneficiaries in your state? [Prompt if needed: For example, between WIPA, VR and EN providers.]

PART B: The WIPA Model

As part of the WIPA program, Certified Work Incentive Counselors work with SSDI/SSI beneficiaries to identify and verify benefits they receive. The counselors then talk to beneficiaries to educate them regarding the effect of work on these benefits and supports. The counselors also assist beneficiaries to identify additional benefits, services, and supports necessary to facilitate successful employment. Counselors also remind and sometimes assist beneficiaries to report earnings to SSA to minimize overpayments and reduce the chances of an unanticipated change in benefits.

13. Do you have any thoughts on this model of delivering services?

I'd next like to ask you about **how SSA targets WIPA services**. That is, which beneficiaries are prioritized to receive services? Currently SSA prioritizes WIPA services to beneficiaries who are working, with those working or about to start working *full-time* prioritized over those working or about to work *part-time*.

14. What do you think about this prioritization?
15. Based on what you know about the WIPA program and your knowledge of and experience with work incentives counseling, what do you think are the strengths of the WIPA program?
16. If you could design a system of work incentives counseling to provide the best services possible on a fixed budget, what would it look like?

Appendix C. Key Informant Interview Responses by Question

This appendix presents a complete summary of the responses from the nine key informants to the questions in the interview guides.

Part A. Research Questions #1-4

Specific Counseling Services and Employment Outcomes

The majority of respondents mentioned the delivery of intensive, ongoing WIPA services and connections to a continuum of services as the most effective services to help beneficiaries through the different stages of returning to work and increasing their earnings. A few respondents mentioned that sometimes the beneficiaries' primary concern is maintaining their health insurance as they return to work and increase their earnings, and for these beneficiaries the needed services can simply consist of answering those specific questions and no other assistance is requested or needed. This might suggest a demand for some level of services between I&R and more intensive services, targeted to specific needs and without requirements for the completion of a BS&A and WIP.

When asked about the WIPA services that have the least impact on employment outcomes, a few respondents suggested BS&As were less effective, but most mentioned that it takes a range of services to support a beneficiary's needs and that it takes time—many years sometimes—to see the impacts of those services. Informants reported that beneficiaries often need to make multiple work attempts and receive messages about work incentives multiple times before they are convinced that they can work and can be better off with increased earnings from work.

Feedback on BS&As. Seven informants provided feedback on the BS&A as one of the primary components of more intensive, individualized WIPA services. Five of the seven informants suggested that the BS&A document was too long to be easily digested by participants, with two of the respondents reporting that beneficiaries are “overwhelmed” by the length of the BS&A and another respondent reporting that counselors feel like they are writing “long reports that no one reads,” including beneficiaries and VR counselors. These respondents felt the BS&A was most useful as a reference for beneficiaries to have during and after a counselor talked through the analysis with them. The other two informants thought the document worked well as is, although both mentioned the value of talking through the content of the BS&A with beneficiaries. One respondent suggested making the document more accessible by pulling the individualized analysis sections to the front of the document, presented in format like an executive summary.

Abt interviewers asked key informants what additional services WIPA providers might offer to boost long-term employment outcomes for beneficiaries. The most common response involved making referrals and connections for beneficiaries to other support services to help them sustain their employment or increase their earnings. Two respondents mentioned the need to help beneficiaries apply for state or other benefits, with one said that sometimes beneficiaries are truly on their own without friends or family members to help them navigate the system, and so they could really benefit from case management assistance. One respondent stressed the importance of sharing knowledge about available services, such as assistive technology, private insurance, tax preparation assistance and the EITC, with beneficiaries. Another respondent wished they could provide financial services assistance, helping beneficiaries with budgeting, bill paying, and financial education.

Counselors' Time Use

Six of the nine respondents mentioned requesting BPQYs as a pain point and taking sometimes many weeks to be fulfilled by local SSA field offices. Response time varied by field office, and several WIPA staff mentioned establishing relationships with specific field office staff or with their area work incentives coordinator to facilitate the provision of BPQYs. A few interviewees mentioned asking beneficiaries to request the BPQYs from their local field offices as a way to empower them and get them more involved in their understanding of benefits and work incentives. One interviewee suggested that the BPQY be made available to beneficiaries via their MySSA accounts. Others mentioned the improved, centralized process for BPQYs during the COVID-19 period and expressed an interest in that process continuing.

Verifying benefits: Given preliminary discussions with SSA about the possibility of centralizing the process of verifying benefits within a state or region, Abt interviewees probed for feedback on how benefits were verified by staff in the key informants' organizations. The processes for verifying benefits differ substantially by state. Most reported systems that are siloed and difficult to access, requiring multiple release forms signed by beneficiaries. One organization reported needing to verify benefits with contacts in 40+ county offices, with some being responsive but the largest county being very slow to respond. Multiple respondents mentioned public housing systems as the most difficult to access.

The Medicaid systems seemed to be the most important one to gain access to given beneficiary concerns about their health insurance benefits, and these systems generally also have information on food assistance benefits that is useful for CWICs. Two organizations have direct access to their state's Medicaid system (one is housed within the state's Department of Labor and thus has that access based on where they sit), and another organization developed a single point of contact at one state Medicaid office to handle most of their verifications without having to go to additional local offices. One key informant suggested that SSA ask the Center for Medicare and Medicaid Services at a high level to share access to Medicaid systems with CWICs, given how reviewing health insurance is a key component of benefits counseling.

The key informants we spoke to generally agreed that verifying benefits was important, because often beneficiaries will know generally what they receive but rarely know the details of their Medicaid coverage and their eligibility for specific health insurance or other benefit programs. A few respondents felt strongly that benefits are often different than what beneficiaries report and that there are liability concerns when dealing with an individual's finances, which makes verification key. Three of the nine respondents thought that counselors could be allowed to use their judgment more on when verifying benefits was needed, either because the beneficiaries present documentation of their benefits or because the verified benefits often match what the beneficiaries report.

Effective Methods of Service Delivery

Most of the key informants agreed that providing benefits counseling services remotely generally works well, although five interviewees mentioned that some beneficiaries prefer or really need face-to-face counseling in order to generate trust and build the beneficiary-counselor relationship. We asked all of the key informants what percentage of their services were provided remotely prior to the COVID-19 pandemic. Four of the nine organizations provided services almost entirely remotely pre-pandemic, and another three reported providing 50-60% of their services remotely. Some of these organizations are co-located with a VR agency and thus see more beneficiaries in person because they are also receiving services at the VR. One organization made a specific effort to provide services in the community for a portion of each week. Only one organization provided the vast majority (around 85%) of their services in-person pre-pandemic, due to their being co-located with a VR agency but also because they are located in

a highly populated corridor of the state where most of the beneficiaries they serve tend to live. Many of the respondents mentioned that the pandemic has shown everyone that remote services can work, with more counselors and beneficiaries becoming comfortable with that service delivery method.

Most respondents reported that during the pandemic (if not previously) they have started using video-conferencing and screen-sharing software (e.g. Microsoft Teams, Google Meet, Facetime, Zoom) both to see beneficiaries while providing services remotely and to share documents on the screen and talk through them with the beneficiaries. Sometimes the use of this software is limited by beneficiaries' access to technology and devices, and most respondents suggested that providing remote counseling by phone is generally effective.

Tools to communicate complicated information. Key informants mentioned trying a range of tools and approaches to present complicated information to beneficiaries, including visual aids to display and explain the TWP and EPE and putting information into brochures and fact sheets. One respondent reported creating a presentation entirely in pictures that was only “mildly successful.” Key informants generally agreed that having a patient and responsive conversation with beneficiaries was the best way to convey complicated information. They provided tips such as:

- Listen to what specific questions beneficiaries have and respond with patience and courtesy;
- Limit the discussion to beneficiaries' immediate concerns and what they need to know in the near future, rather than explaining what will happen 2-3 years in the future; and
- Use drawings, graphs, explanation sheets, and specific examples to keep beneficiaries engaged in the learning process.

Service Provision by Different Program Partners

Abt asked the seven key informants from WIPA organizations for feedback on the TTW Help Line and the division of labor between WIPAs and the Help Line. Just about all agreed that the Help Line should not take on any more of a role in providing WIPA services, as they are not able to provide the in-depth counseling and knowledge of state benefits that beneficiaries typically need. One respondent mentioned that the Help Line will introduce concepts like the TWP but they rarely are able to get beneficiaries to fully understand such concepts. Multiple respondents mentioned that the Help Line refers beneficiaries to the TTW program and to WIPA providers, but often beneficiaries are confused about what services will actually be provided. One informant reported a lot of turnover with TTW Help Line staff and dissatisfaction with their provision of I&R services, saying the information provided was too general and not state-specific. That same respondent also mentioned that Help Line staff need to make it clearer that they are not SSA employees and that they cannot take work reports from beneficiaries.

The key informants did not have very much to say about how WIPAs already collaborate or might collaborate with ENs in their states. The most common sentiment expressed was the need for more outreach to ENs and other community organizations for better coordination of services for beneficiaries and more consistent messaging about SSDI/SSI rules regarding returning to work. A couple informants mentioned concerns about ENs claiming to provide services they do not actually provide and about complicated ticket assignment and payment rules that are difficult for both beneficiaries and organizations to understand.

Key informants reported more seamless partnerships between VR agencies and WIPAs, with some of their services being co-located and with a coordinated hand-off of beneficiaries finishing VR programs to

local WIPA and EN providers for benefits counseling and supports as they return to work. Still, one respondent suggested SSA sponsor state or regional events to bring VR, WIPA and EN providers together to increase communication and collaborations for beneficiaries. That same respondent also suggested that the NTDC trainings be made available, on-demand, for EN and community partners as well. This informant reported providing benefits planning services to less than one percent of beneficiaries in the state, so ENs, one-stop career centers, and nonprofits could help meet the need if they had access to NTDC trainings.

Targeting of Services

The vast majority of key informants agreed—given limited funding—with the current prioritization of services for beneficiaries who are currently working or about to start working full-time. Two of the respondents did not agree with de-prioritizing services for beneficiaries working part-time, as they worried about missing opportunities to encourage more work and increased earnings for this group of beneficiaries. Three additional respondents also lamented that the prioritization could mean they were missing serving beneficiaries who are not working but might wish to and could start working with some encouragement and available supports. One respondent suggested that when WIPAs only serve those who are working, “they’re just putting out fires, not doing anything proactive.”

The prioritization has led to more referrals from the TTW Help Line for beneficiaries who are working, which has meant that more beneficiaries are receiving SSDI (as opposed to just SSI) and thus require more time-consuming benefits counseling to determine where beneficiaries are in their TWP, for example, and to explain the more complicated SSDI program rules and work incentives. Many of the key informants agreed with targeting services on transition-aged youth and veterans, and they suggested additional groups for targeting such as the self-employed, those with developmental disabilities, and newly entitled beneficiaries.

When asked about the best intervention point at which to provide WIPA services, seven of eight key informants who provided an opinion agreed that counseling should be provided when beneficiaries are first considering work. Multiple respondents mentioned that beneficiaries “need a roadmap” outlining what to expect once they start working and how earnings will affect their various benefits. A reported problem with helping beneficiaries after they have started working is that often the counselors are helping the beneficiaries catch up with their reporting requirements and they may have already (unknowingly) used up work incentives such as the TWP and the three-month grace period before an SGA cessation is established, and there might already be an overpayment the beneficiary needs to pay back. Unanticipated notices from SSA and loss of benefits often frightens and discourages beneficiaries from continuing to work or to continue earning at a level that impacts their benefits.

Beneficiary Subgroups Most Likely to Succeed

Abt asked key informants if they had observed which beneficiary subgroups were the most likely to succeed with work attempts when supported by WIPA counseling. In general, respondents had not looked at data on the characteristics of beneficiaries served nor do they track their long-term outcomes, so responses tended to be more anecdotal and about the types of beneficiaries they typically serve. Beneficiaries with mental health disabilities were the most commonly identified beneficiary subgroup—identified by five of the key informants—as either being the primary beneficiary subgroup served by their organization or the most likely to succeed in work attempts or both. One WIPA director reported that 75 percent of the beneficiaries they served have a primary or secondary diagnosis of mental illness, with the majority of these being 40+ years old. Another WIPA key informant echoed this, stating that they tend to serve beneficiaries in the 40-55 age range with psychiatric disabilities. One respondent specifically

identified the subgroup with adult-onset mental illness and with significant work histories so that they qualified for SSDI as the most likely to benefit from WIPA services and have long-term employment outcomes. This respondent mentioned that this observation was supported by data on what types of beneficiaries most often utilized the MBI program in their state.

Four of the key informants mentioned transition-aged youth as a worthwhile group to target, although they stressed the importance of engaging with parents, families, and representative payees as well in order to normalize the idea of employment for the beneficiary and those who might be helping to make or influence the beneficiary's employment decisions.

Part B. Current WIPA Service Delivery Model

Funding for WIPA Services

Four of the seven WIPA directors we spoke to reported that WIPA funds by themselves would not be enough to meet demand for the services they currently provide—with two reporting that they use a mix of VR and WIPA funds and two others using other funding their organizations receive to support their work. Two additional WIPA directors wished they had more WIPA funding or flexibility to use the funds for community outreach.

Staffing Models for WIPA Services

According to the seven WIPA directors we spoke to, the most commonly centralized task, aside from required reporting, is the handling of TTW Help Line referrals. Two WIPA directors reported that they centralize some administrative services with clerical staff, such as scheduling appointments and sending out paperwork and release forms to be signed. One VR director reported that the verification of some state benefits were centralized with herself because she by chance bumped into the right person in her building's elevator and was granted access to the state's Medicaid system. One WIPA director mentioned trying to centralize the I&R process for her busiest counselor, but this was discontinued because too many beneficiaries already had the counselor's contact information and the centralization did not prove to save the counselor much time.

Multiple key informants reported some specialization among counselors on specific beneficiary subgroups, with a couple reporting that they have counselors specializing in serving veterans. One director mentioned having a benefits specialist who focuses on serving transition-aged youth, and another had two counselors who speak Spanish and serve Spanish-speaking beneficiaries. One director interviewed serves as their organization's specialist for self-employed beneficiaries and she plans to develop another counselor specialist for this subgroup, given the increase in self-employment she is seeing among beneficiaries they serve.

Demand for WIPA Services

Two key informants in large/more populous states plus one WIPA director from a smaller state made it clear that they are not meeting the demand for WIPA services. One of these directors mentioned typically being 30-50% over capacity trying to handle the large number of referrals from the TTW Help Line. Other providers in smaller states seem to be handling the demand for WIPA services more fully, although due to the prioritization guidance from SSA, sometimes beneficiaries who are not working need to wait longer to receive WIPA services.

Current and Potential Service Areas

The WIPA directors reported service areas that included the entire state (for less populous states) or one clearly designated area within their state. Most seemed fine with their current service area designations,

although one respondent mentioned a confusing and less than ideal situation for one WIPA organization in a state with a service area that does not include the city in which it is located.

Most of the WIPA directors interviewed were open to serving beneficiaries in more than one state, while acknowledging the need for more staff with specific knowledge of benefits and programs in each state to do so. Many directors reported already serving large geographic areas via mostly remote services, so expanding beyond state borders would only represent a significant change in the need to gain expertise on additional state-specific benefit program rules. One director was less enthusiastic reporting that they cannot currently serve all of the need in their state, so they had not considered serving beneficiaries elsewhere. One key informant mentioned it would be easier to serve multiple states within a local region rather than multiple states across the country, as regional coverage would increase the opportunities for in-person connections with beneficiaries or with partner service providers.

WIPA Program's Strengths and Weaknesses

As noted above, key informants believe the WIPA program's strength is the individualized counseling that addresses beneficiaries' specific needs at the moment, such as how to maintain health insurance while working and earning more or explaining SSA program rules to minimize unanticipated changes in benefits. The most common weakness or area for improvement noted by at least three respondents is outreach and training for other community service providers to make sure they are all providing a consistent message to SSDI/SSI beneficiaries about opportunities and supports for their return to work.

Suggested Changes to WIPA Program

Key informants provided a range of ideas and suggestions without too much repetition of ideas across all nine interviews.

One suggestion mentioned more than once was to simplify and clarify the WIPA program reporting requirements. WIPA directors reported spending too much time trying to figure out how to collect requested data and how to coordinate the reporting with unreliable storage devices, to the point where it was impacting service delivery in at least one organization.

One VR director suggested that SSA take a more specialized caseload approach where WIPA counselors would include experts on areas such as veteran benefits and self-employment. SSA could standardize and monitor services to these populations and pay WIPA organizations accordingly. It is much easier, the VR director suggested, to serve an SSI beneficiary than a veteran receiving SSDI, for example, and the current model's service prioritization and lump sum funding does not incentivize serving those who are harder to serve.

Another key informant suggested the WIPA program support more outreach to transition-aged youth and veterans as well as funding for special projects such as helping beneficiaries enroll in MBI program as they work their way off of benefits.

One WIPA director suggested SSA redefine "success" for beneficiaries receiving WIPA services, pointing out that even if beneficiaries are not earning at a level that will lead to their working their way off benefits, the fact that they are working means they are a taxpayer and likely contributing to their community in other ways, not to mention likely boosting their own mental health and self-esteem.

Another WIPA director mentioned there was too much emphasis on paperwork and such quantifiable products as BS&As and WIPs, when the real value in WIPA services is in the time spent providing

intensive counseling and answering clients' questions timely, meeting beneficiaries where they are on the return to work continuum and addressing their immediate concerns and needs.

Part C. Other Models of Benefits Counseling

VR provision of Work Incentives Counseling to SSDI/SSI Beneficiaries

One VR director we spoke with purchases work incentives counseling services from three of the five WIPA providers in the state, reporting that the other two WIPA providers have either refused the fee for services payment model or cannot figure out how to budget the services. The VR organization's fee for services approach pays for specific services, such as the BS&A and WIP (bundled together), documenting unsuccessful work attempts, Title II, and support for maintaining health insurance such as explaining 1619(b), Childhood Disability Benefits/Disabled Adult Child for Medicaid benefits, and the MBI application. This VR director reported no specific performance measures in their fee-for-service contracts, but said they use VCU's performance measures to help monitor the WIPAs' work. This VR director mentioned that they will soon be starting to contract with Cornell University staff and Community Partner Work Incentives Counselors.

The other VR director we spoke with utilizes a different model with in-house work incentive planners funded by cost-reimbursement. They track successful case closures—with a success being the beneficiary is employed at the time of closure—and the percentage of successful case closures earning at the SGA level. The actual services provided include requesting a BPQY and then at least one benefits counseling session with the beneficiary to discuss their benefits, employment goals, and what impact future wages would have on their benefits, including medical benefits. At case closure, the work incentive planners refer the beneficiary to the local WIPA and most appropriate EN provider for continued support.

Referrals for Employment Training or Other Support Services

While both VR directors we spoke with mentioned making referrals as one of their core services, one VR director mentioned making specific efforts to develop collaborations and partnerships with the WIPA and EN providers in the state. That VR organization has agreements with many of the ENs that if they refer a beneficiary to the VR for services, the VR will then refer the beneficiary back to that specific EN upon case closure. Both VR directors reported minimal reporting back on referrals made, with follow-up on referrals made left up to the counselor's discretion and initiative.

VR Targeting of Services

One VR director reported the following criteria for the receipt of work incentive planning services: beneficiaries must be currently employed, in the last quarter of training, or job-ready. Beneficiaries who do not meet those criteria are referred to the WIPA providers in the state. The other VR director we spoke to reported that Title II (SSDI) beneficiaries are typically referred for work incentives counseling services as a rule of thumb, and otherwise her staff use their judgment on whether they can serve the beneficiary on their own or if a referral to a WIPA provider is necessary.

Additional Feedback

Two WIPA directors mentioned the confusion created for beneficiaries by the different rules regarding earnings between the SSDI and SSI programs, as well as the two separate earnings reporting systems for the programs. Aligning the program rules and allowing concurrent beneficiaries to report earnings into just one system would simplify earnings reporting for beneficiaries.

One respondent was grateful for the opportunity to provide feedback to SSA on the WIPA model and wished there were more regular opportunities for SSA to hear both from service providers in the field but

also directly from beneficiaries. This respondent felt that beneficiary focus groups could provide useful information for SSA on what work incentives would motivate them to return to work and what services and supports they would need to sustain employment.

Appendix D. Secondary Analyses of BOND and POD Data

This appendix provides additional detail to support the findings reported in Section 2.3. It includes detailed descriptions of data and analysis methods, and results of analyses that address the second and third goals of the data analysis (described in Section 2.3).

Secondary Data and Methods

Ideally, we would address the first goal using detailed data on recent WIPA services and employment, earnings, and benefits outcomes for beneficiaries who used those services. The second and third goals ideally would be addressed using data from an experiment in which a broad population of SSDI beneficiaries and SSI recipients had been randomly assigned to receive more or less intense services from certified work incentives counselors (CWICs), once they had sought out benefits counseling. However, detailed data on recent WIPA users were not available for this purpose,¹³ and such an experiment has not been conducted. Instead, we use data from BOND and POD to address the first question and from BOND to address the second and third questions.

Both demonstrations were set up to study the effects of benefit offset,¹⁴ but the design of BOND Stage 2 also examined the effect of enhanced vs. regular work incentives counseling. The benefits counseling provided in POD and BOND was intended to both align with the WIPA service delivery model and to reflect the benefit rules used in the demonstrations. The BOND Stage 2 evaluation design permits estimates of the causal effects of more intensive counseling services.¹⁵ The BOND evaluation found little effect of these services for the full sample of beneficiaries randomized, or for the subgroups investigated (Gubits et al. 2018a).¹⁶ The analyses here investigate two additional sets of subgroups defined based on whether the beneficiary was working at or around the time of first service and their income gains from working—how much higher their income is if they work compared to if they do not work.

We use these data because BOND and POD offer the best available information on how benefits counseling has been delivered in recent years, and because the design of BOND Stage 2 allows us to estimate the effects of enhanced work incentives counseling for a particular subgroup of beneficiaries, which can be informative for questions about when and for whom WIPA services may be most effective at improving employment outcomes for beneficiaries. However, the data come from a different context—beneficiaries were subject to alternative benefit rules, the benefits counseling they were offered was intended to provide information about demonstration-specific earnings rules, and those in POD and some

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- ¹³ Detailed, national data on service has not been collected in a systematic way since the Efforts to Outcome program was discontinued in 2018, and data from the several preceding years have not been processed into an analysis file.
- ¹⁴ Both demonstrations study alternate SSDI earnings rules, where benefits decrease gradually as earnings increase, rather than dropping from their full value to \$0 when earnings are above the SGA threshold, as they do under current law.
- ¹⁵ In Stage 2 of BOND, volunteers were randomly assigned to a control group or to one of two treatment groups, both of which were subject to the benefit offset rules. The “T21” treatment group had access to Work Incentives Counseling (WIC) services, whereas the “T22” treatment group had access to Enhanced Work Incentives Counseling (EWIC) services. WIC services were designed to be similar to WIPA services. EWIC services include more proactive outreach and follow-up from the counselors as well as extra services.
- ¹⁶ BOND examined subgroups defined by duration of SSDI receipt, employment at baseline, access to an MBI program, age (49 or younger versus 50 or older), primary impairment of major affective disorder, primary impairment of back disorder, and education at baseline (less than an associates vs. any postsecondary degree).

of those in BOND were proactively contacted by benefits counselors. In addition, data from POD and the second stage of BOND cover only those beneficiaries who volunteered for the demonstrations. Also, the contrast examined in Stage 2 of BOND is between benefits counseling similar to that offered through the WIPA program and a more intensive version of benefits counseling, rather than between benefits counseling as delivered by the WIPA program and no benefits counseling. As a result of these limitations, these analyses may not fully generalize to the WIPA program.

Secondary Data Sources

We use data from management information systems used to administer and evaluate BOND and POD, supplemented by additional administrative information and survey responses for subjects in BOND Stage 2. In both cases, this information covers beneficiaries in the treatment groups, not those in the control groups; that is, it includes beneficiaries subject to the alternate offset rules whose benefits counseling was delivered by BOND- or POD-specific counselors.¹⁷

Data on BOND treatment group members used in these analyses come from three sources. First, we use information pulled from the BOND Operations Data System and the Beneficiary Tracking System BTS. These two systems were used to operate the demonstration. They contain information on recruitment and enrollment, random assignment status, use of benefits counseling, and use of the benefit offset. Second, we use information on beneficiaries' background characteristics as measured in the BOND Stage 2 Baseline Survey. Third, we use information on earnings and employment pulled from SSA records, including the Master Earnings File, which is based on earnings reports from employers and annual income tax forms, and the Master Beneficiary Record, from which we are able to determine SSDI benefits received.

Data on POD participants come from the Implementation Data System and include information on services received, reports of work and earnings, and the amount of benefits received.

Variable Construction

Outcomes for analyses of the POD data are based on data from beneficiaries' first month participating in the demonstration through June 2020, the last month for which we have complete data. Outcomes include employment, the percentage of months with employment, and the percentage of months with some employment among those with at least one such month; total earnings, ever having a month with earnings above the POD threshold amount (\$850 in 2018), the percentage of months with earnings above the POD threshold amount, and the percentage of months with earnings above the threshold amount for those with at least one such month; ever having a month in full offset (\$0 benefits), the percentage of full offset months, and the percentage of months in full offset among those with at least one such month; and termination from SSDI. Information on benefits counseling is drawn from the information that work incentive counselors enter into the Implementation Data System.

¹⁷ BOND data includes all subjects who were assigned to be subject to the BOND offset rules. Stage 1 treatment subjects were mandatory participants in the demonstration while State 2 treatment subjects volunteered for the demonstration prior to random assignment. Likewise, POD treatment subjects volunteered for the demonstration prior to random assignment. Both POD treatment groups were subject to the POD offset rules. Those assigned to POD treatment group 1 have SSDI benefits suspended for months where benefits are fully offset. Those assigned to POD treatment group 2 have SSDI entitlement terminated if benefits are fully offset for 12 consecutive months.

For the BOND analyses, outcomes are based on information that covers the period from January 2012 through December 2015. An indicator for employment during this period, the number of years with employment, average earnings, an indicator for having earnings above the BOND Yearly Amount in at least one year, and the number of years with earnings above the BOND Yearly Amount are defined based on information from the Master Earnings File on annual earnings. Total SSDI benefits paid, having at least one month with SSDI benefits paid, and the number of months with SSDI benefits paid are defined from the Master Beneficiary Record. We draw information on work incentives counseling from the information entered by EWIC and WIC staff into the BTS, which includes information on services received and the dates of those services.

We define “having a job at first EWIC or WIC service” based on beneficiaries’ work reports in the BTS. Those who reported a job that was current at the time of their first service, or who started a job within two months of that first contact, are considered to have a job “in hand.” Because EWIC staff conducted proactive outreach and WIC staff did not, beneficiaries who were assigned to the group eligible for EWIC services were more likely to receive benefits counseling. This issue is discussed in more detail in the next section on analysis methods.

For the subsample with a job in hand at first service, we calculated their income from earnings, based on the hours and wage of that job as recorded in the BTS, and SSDI benefits if they were to continue to work in that job. We compared it to their SSDI benefits if they were to not work and received the monthly SSDI benefit amount for which they had been eligible at the beginning of the demonstration. Benefit amounts while working were computed using the BOND offset rules and do not take into account SSA work incentives¹⁸ or other programs (e.g., Medicaid). We define the difference between these two amounts as the *increase in income from work*, and the increase divided by the pre-demonstration monthly benefit amount as the *percentage increase in income*. We then define groups that had high (above median) and low (below median) increases in income from work, and high and low percentage increases in income from work. We also define groups that would earn less than the BOND Yearly Amount, and thus face *no decrease in SSDI benefits if they worked*, and that would earn more than that amount, and so receive *decreased SSDI benefits* based on our simplified calculation of benefits noted above.

These first two groupings are intended to approximate the degree to which the information received through benefits counseling constitutes “good news” or “bad news.” A beneficiary learning “good news” would be more likely to work as a result of understanding how their income would be affected by work because their income gains would be large. A beneficiary learning “bad news” might be less likely to work because their income gains will be relatively small.¹⁹ The first grouping considers the possibility that beneficiaries react to the dollar change in their income, whereas the second considers the possibility that the importance of an additional dollar of income is larger for those with lower incomes than for those with higher incomes. The third grouping allows us to distinguish between the “good news/bad news” hypothesis and the possibility that effects are larger for those with higher potential earnings because it is

¹⁸ SSA work incentives such as Impairment Related Work Expenses (IRWEs) and TWP allow beneficiaries to work while continuing to receive benefit payments.

¹⁹ This idea of good or bad news is relative—under the BOND rules, all treatment group subjects who work see their SSDI benefits decrease by less than their increase in earnings. However, some see a larger increase than do others. Because beneficiaries may receive other means-tested benefits, those whose income from SSDI benefits and earnings only increases slightly may see no increase in income from all sources, or even a decrease.

easier to detect changes from no earnings to high earnings than it is changes from no earnings to low earnings.

Analysis Methods

To describe program participation patterns, we tabulated all combinations of services received by the POD and BOND treatment groups. For these tabulations we include all BOND treatment groups, as they were the recipients of BOND-specific work incentives counseling and their information is thus contained in the BTS. Tabulations based on POD, similarly, include those randomized to either POD treatment group. Based on this tabulation, we grouped these combinations into common patterns of service use, and then we describe employment, earnings, and SSDI benefit outcomes by these patterns. We also describe outcomes by broad category of service use—no benefits counseling, I&R only, or both I&R and individualized services. These figures are descriptive and should not be interpreted as suggesting that the service patterns *caused* the outcomes associated with them. Beneficiaries seek different amounts and kinds of support from benefits counselors depending on their own interests and needs, and benefits counselors intentionally provide the counseling that they believe the people they serve want and benefit from.

Stage 2 of BOND provides an opportunity to estimate the causal effect of a benefits counseling intervention—EWIC versus WIC. To investigate the effect of EWIC compared to WIC as delivered in BOND, we estimated the difference between T22 (BOND beneficiaries in the treatment group that received EWIC services) and T21 (BOND beneficiaries in the treatment group that received WIC services) for subgroups defined based on their relationship to employment—and their increase in income if they work—at the time they began receiving benefits counseling. Comparisons are between those with and without a job at or around the time they first receive benefits counseling, and between those with high versus low increases in income from work.

In order to learn about counseling, we analyze the sample of Stage 2 treatment subjects that received counseling, rather than the full sample eligible for counseling. The sample of counseling recipients represents 96 percent of those assigned to the T22 group but only 39 percent of those assigned to the T21 group (Geyer et al. 2018). In addition, among those who had received benefits counseling between randomization and the end of 2015 and had a job in hand at that time, T22 subjects had their first contact with counseling staff three months after randomization, compared with 12 months after randomization for similarly-defined T21 subjects. This is to be expected, as EWIC staff conducted proactive outreach whereas WIC staff followed a demand-driven model (Derr et al. 2015). Since random assignment affected who received counseling and when this counseling was received, the comparison of counseling recipients between the two groups likely suffers from some degree of selection bias. In other words, because of these differences we cannot rely on the randomization to ensure that our samples of beneficiaries who received EWIC and WIC services are otherwise similar. In particular, if this selection differed across beneficiaries who were more or less likely to work, it would be possible for there to be systematic differences between the groups analyzed here.

To evaluate the likelihood of such systematic differences between the groups, we examined pre-intervention characteristics of those who received EWIC and those who received WIC. For the subgroup with a job in hand at the time of services, there are no significant differences between the groups on background characteristics such as age, primary impairments, monthly benefit amount, and length of SSDI receipt (*Exhibit D-1*).

Exhibit D-1. Baseline Characteristics for BOND Beneficiaries with a Job at or Around the Time of First EWIC or WIC Contact

Outcome	WIC Mean	EWIC Mean	Difference	p-value
Age	45.464	45.478	0.014	0.981
AIME in 2011	2,046	1,941	-105	0.207
County 2010 employment rate for people with a disability	29.003	29.097	0.094	0.951
Primary impairment: Neoplasms	0.046	0.069	0.023	0.123
Primary impairment: Digestive System	0.022	0.015	-0.007	0.383
Primary impairment: Other impairments	0.110	0.131	0.021	0.319
Primary impairment: Mental Disorders	0.349	0.349	0.000	0.997
Primary impairment: Back and Musculoskeletal	0.251	0.209	-0.043	0.144
Primary impairment: Nervous System Disorders	0.072	0.072	0.000	0.999
Primary impairment: Circulatory System Disorders	0.040	0.048	0.007	0.549
Primary impairment: Genitourinary System Disorders	0.022	0.028	0.006	0.491
Primary impairment: Injuries	0.055	0.039	-0.016	0.227
Primary impairment: Respiratory	0.011	0.015	0.004	0.559
Primary impairment: Severe Visual Impairments	0.022	0.027	0.005	0.612
Monthly benefit amount (baseline)	2,106	2,277	171	0.409
Number of years receiving SSDI (baseline)	4.435	4.644	0.210	0.503
Age 49 or younger	0.576	0.565	-0.011	0.741
Resides in State with Medicaid Buy-In	0.739	0.739	0.000	0.992
Number of Beneficiaries	550	689		

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS).

Notes: Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015, and who had a job at the time of first contact or within 2 months of that contact. P-values reflect tests of equality of means for WIC and EWIC samples.

Among the overall sample of those who receive benefits counseling and among the subgroup of those who do not have a job in hand at the time they first receive benefits counseling, we do find significant differences in the characteristics of those who receive EWIC services and those who receive WIC services. Those who received EWIC services were older and were less likely to have a mental disorder as their primary impairment (*Appendix D, Exhibit D-2*). Among those who received benefits counseling and did not have a job in hand, those who received EWIC services were older than those who received WIC services, and had a different pattern of primary impairments (*Appendix D, Exhibit D-3*).

Exhibit D-2. Baseline Characteristics for BOND Beneficiaries with EWIC or WIC Contact

Outcome	WIC Mean	EWIC Mean	Difference	p-value
Age	46.474	47.314	0.841	0.021
AIME in 2011	1,930	1,904	-26	0.548
County 2010 employment rate for people with a disability	29.219	29.252	0.034	0.963
Primary impairment: Neoplasms	0.040	0.043	0.003	0.706
Primary impairment: Digestive System	0.019	0.020	0.001	0.752
Primary impairment: Other impairments	0.129	0.108	-0.021	0.129
Primary impairment: Mental Disorders	0.343	0.298	-0.045	0.012
Primary impairment: Back and Musculoskeletal	0.238	0.264	0.026	0.239
Primary impairment: Nervous System Disorders	0.060	0.072	0.013	0.126
Primary impairment: Circulatory System Disorders	0.052	0.066	0.014	0.082
Primary impairment: Genitourinary System Disorders	0.030	0.027	-0.003	0.610
Primary impairment: Injuries	0.046	0.044	-0.002	0.778
Primary impairment: Respiratory	0.018	0.027	0.009	0.111
Primary impairment: Severe Visual Impairments	0.026	0.031	0.005	0.380
Monthly benefit amount (baseline)	2,329	2,461	132	0.323
Number of years receiving SSDI (baseline)	4.384	4.495	0.111	0.541
Age 49 or younger	0.530	0.487	-0.043	0.031
Resides in State with Medicaid Buy-In	0.701	0.686	-0.015	0.717
Number of Beneficiaries	1688	2788		

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS).

Notes: Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015. P-values reflect tests of equality of means for WIC and EWIC samples.

Exhibit D-3. Baseline Characteristics for BOND Beneficiaries Without a Job at or Around the Time of First EWIC or WIC Contact

Outcome	WIC Mean	EWIC Mean	Difference	p-value
Age	46.94	47.91	0.971	0.020
AIME in 2011	1.873	1.893	19.716	0.685
County 2010 employment rate for people with a disability	29.326	29.302	-0.023	0.971
Primary impairment: Neoplasms	0.037	0.034	-0.002	0.781
Primary impairment: Digestive System	0.017	0.022	0.005	0.371
Primary impairment: Other impairments	0.138	0.100	-0.037	0.014
Primary impairment: Unknown impairments	0.000	0.000	0.000	0.358
Primary impairment: Mental Disorders	0.340	0.281	-0.059	0.007
Primary impairment: Back and Musculoskeletal	0.231	0.282	0.051	0.080
Primary impairment: Nervous System Disorders	0.054	0.073	0.019	0.059
Primary impairment: Circulatory System Disorders	0.058	0.072	0.014	0.162
Primary impairment: Genitourinary System Disorders	0.034	0.027	-0.007	0.318
Primary impairment: Injuries	0.042	0.046	0.004	0.585
Primary impairment: Respiratory	0.021	0.031	0.009	0.169
Primary impairment: Severe Visual Impairments	0.028	0.032	0.004	0.527
Monthly benefit amount (baseline)	2.435	2.520	86	0.59
Number of years receiving SSDI (baseline)	4.360	4.446	0.086	0.678
Age 49 or younger	0.508	0.462	-0.047	0.034
Resides in State with Medicaid Buy-In	0.682	0.668	-0.014	0.797
Number of Beneficiaries	1141	2099		

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS).

Notes: Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015, and who did not have a job at the time of first contact or within 2 months of that contact. P-values reflect tests of equality of means for WIC and EWIC samples.

These differences, and the different ways those eligible for EWIC and WIC came to benefits counseling, suggest that the EWIC and WIC groups that received benefits counseling may be different in other ways as well. We have greater confidence that the EWIC and WIC groups that had a job in hand were otherwise equivalent at baseline such that differences between the outcomes of those assigned to EWIC and those assigned to WIC can be interpreted as being caused by the additional intensity of EWIC services. For this reason, we focus primarily on analyzing data from those who were employed at the time they first received benefits counseling. These groups represent 22.7 percent of those assigned to EWIC, and 11.3 percent of those assigned to WIC. Results for those who did not have a job are also displayed in the appendix and discussed below, but are difficult to interpret, as they are a combination of the difference in the samples and any causal effect of receiving more intensive benefits counseling. Even for those with a job in hand at first service, at it is still possible that the EWIC and WIC groups differ in other ways; or that, though they do not differ in their characteristics at baseline, they differ at the time benefits counseling is received in ways that affect their responses to that counseling. Due to these uncertainties, the findings from this analysis should be interpreted with caution.

Summary of Findings

Descriptive Findings from BOND and POD are described in detail in Section 2.3. This section provides a more detailed discussion of the causal BOND findings.

Causal Findings from BOND

In order to disentangle the effect of benefits counseling from these other factors, we revisit the second stage of BOND, in which volunteers were randomly assigned to be offered EWIC or WIC.²⁰ Recall that there are significant differences between the EWIC and WIC subgroups that received benefits counseling, but not between the smaller EWIC and WIC subgroups that had a job in hand at the time of their first contact with a counselor. Based on these differences, rates of benefits counseling use among the full T22 and T21 samples, and the reasons that rates of use differ between the EWIC and WIC groups, we believe that analyses of those who are employed at first contact more plausibly isolate the effect of more intensive benefits counseling.

Effects of EWIC by employment at first contact. Section 2.3 describes the effects of EWIC on those who held a job at the time of first contact, shown in *Exhibit D-4* below. Receipt of EWIC rather than WIC significantly lowered SSDI benefits paid and the number of months with SSDI benefits for those with a job in hand, and may have increased the percent of years with earnings above the BOND Yearly Amount for those with at least one such year. EWIC did not change the percent of years with some employment, average earnings, or percent of years with earnings above the BOND Yearly Amount when compared to WIC. It could be that earnings and employment increased as well, driving the difference in benefits, but that the increase was not large enough to detect. This would be consistent with the positive point estimates for earnings and employment, and would suggest that more intensive benefits counseling may be effective for this group.

Among those without a job at or around the time of first service, those who received EWIC had significantly lower earnings and employment and had similar benefits compared to those who received WIC. This might indicate that more intensive benefits counseling decreases work and earnings for those who receive benefits counseling and are not employed, but we cannot rule out the possibility that it is driven by differences in selection. If in the WIC group only those who were very interested in work received benefits counseling, and in the EWIC group both those who were and were not interested in work received benefits counseling, we might find this kind of result.

²⁰ See Derr et al. (2015) for detail on the differences between these two programs.

Exhibit D-4. Effects of EWIC Services Compared to WIC Services on Earnings, Employment, and Benefit Outcomes, by Presence of a Job at or Around First Service

Outcome	Among Those Without A Job At Or Around First Service			Among Those With A Job At Or Around First Service		
	Average Outcome with WIC	Average Outcome with EWIC	Estimated Difference	Average Outcome with WIC	Average Outcome with EWIC	Estimated Impact of EWIC vs. WIC
Employment and Earnings (2012-2015)						
Percent of years with employment	0.394	0.280	-0.103*** (0.01821)	0.785	0.794	0.005 (0.02527)
Percent of years with employment among those with some employment	0.609	0.553	-0.054** (0.01733)	0.815	0.818	-0.000 (0.02307)
Average earnings	3,976	2,312	-1,563*** (391)	10,420	10,745	454 (662.2251)
Percent of years with earnings above BYA	0.092	0.056	-0.033** (0.01004)	0.309	0.293	-0.012 (0.02300)
Percent of years with earnings above BYA among those with at least one year	0.463	0.438	-0.019 (0.03392)	0.509	0.554	0.042* (0.02135)
Disability Benefit Outcomes (2012-2015)						
Average annual SSDI benefits	12,838	13,142	159 (115.3832)	13,498	12,549.760	-661.342** (207.8476)
Percent of months with SSDI benefits	0.927	0.942	0.012 (0.00853)	0.940	0.912	-0.025** (0.00944)
N	1,141	2,099	3,240	550	689	1,239

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Notes: Sample includes all members of T22 and T21 who received any benefits counseling between randomization and December 2015. Estimates control for background characteristics presented in Exhibit D-1. Outcomes cover January 2012 through December 2015 for all sample members. * indicates significance at the 0.10 level, ** at the 0.05 level, and *** at the 0.01 level.

Effects of EWIC by increases in income from working in job held at first contact. Section 2.3 describes the effects of EWIC for those with high and low increases in income if they work, as displayed in *Exhibit D-5*. Compared to receipt of WIC services, receipt of EWIC services increased earnings and decreased SSDI benefits and months with benefits for those who would experience an above-median change in income if they continued working in their job. We find few significant effects of EWIC services for those who would experience lower increases in income if they continued in their job. Despite these differences, other impacts of EWIC services (besides earnings and percent of months with SSDI benefits) are not significantly different across the two groups. These differences might be partially explained by those with high increases in income having more potential variation in their income (from no work to high earnings vs. from no work to low earnings). The effect of EWIC is very similar for those with above- and below-median percentage change in earnings (*Exhibit D-6*). This is consistent with EWIC services having a greater effect on employment and earnings for those with the potential for high earnings than those with lower potential earnings, but not having a greater effect for those whose job at the time of counseling offered high earnings for them. In other words, it may be that defining “increases in income” in percentage terms results in a classification in which the “high” and “low” subgroups hold jobs that would result in more equivalent earnings.

Exhibit D-5. Effects of EWIC Services on Earnings, Employment, and Benefit Outcomes, by Expected Change in Income with Work

Outcome	Among Those With A High Change In Income			Among Those With A Low Change In Income			Difference in Impact
	Average Outcome with WIC	Average Outcome with EWIC	Estimated Impact of EWIC vs. WIC	Average Outcome with WIC	Average Outcome with EWIC	Estimated Impact of EWIC vs. WIC	
Employment and Earnings (2012-2015)							
Percent of years with employment	0.776	0.810	0.034 (0.02381)	0.768	0.783	0.009 (0.02875)	0.025 (0.02451)
Percent of years with employment among those with some employment	0.803	0.827	0.026 (0.02620)	0.806	0.804	-0.009 (0.02375)	0.034 (0.02722)
Average earnings	12,506	15,245	2639** (1075)	6,943	6,778	195 (821)	2,445 (1422)
Percent of years with earnings above BYA	0.409	0.448	0.037 (0.02885)	0.151	0.157	0.015 (0.02471)	0.023 (0.04109)
Percent of years with earnings above 2x BYA among those with at least one year	0.544	0.598	0.051 (0.03340)	0.390	0.465	0.073 (0.04708)	-0.022 (0.07141)
Disability Benefit Outcomes (2012-2015)							
Average SSDI benefits	13,140	11,918	-1244*** (352)	13,965	12,997	-411 (228.7920)	-834* (397)
Percent of months with SSDI benefits	0.923	0.860	-0.060*** (0.01549)	0.966	0.958	-0.004 (0.00831)	-0.056*** (0.01252)
N	266	291	557	214	335	549	

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Notes: Change in income is the change in income from SSDI benefits and earnings if the person works versus if they do not work. Earnings are defined based on job held at the time of first service, or within two months of first service if there is no job at first service. Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015, and who had a job at the time of first contact or within 2 months of that contact. Estimates control for background characteristics presented in Exhibit D-1. Outcomes cover January 2012 through December 2015 for all sample members. * indicates significance at the 0.10 level, ** at the 0.05 level, and *** at the 0.01 level. Expected change in income calculated based on job held at time of first service, applying the benefit offset but not accounting for other work incentives.

Exhibit D-6. Effects of EWIC Services on Earnings, Employment, and Benefit Outcomes, by Expected Percent Change in Income with Work

Outcome	Among Those With A High Percent Change In Income			Among Those With A Low Percent Change In Income			Difference in Impact
	Average Outcome with WIC	Average Outcome with EWIC	Difference in Impact	Average Outcome with WIC	Average Outcome with EWIC	Estimated Impact of EWIC vs. WIC	
Employment and Earnings (2012-2015)							
Percent of years with employment	0.784	0.807	0.024 (0.02503)	0.756	0.781	0.019 (0.03029)	0.005 (0.02741)
Percent of years with employment among those with some employment	0.816	0.827	0.015 (0.02416)	0.787	0.800	0.002 (0.02684)	0.013 (0.02687)
Average earnings	11,556	13,043	1461 (893)	7,923	8,124	1151 (886)	310 (1.251)
Percent of years with earnings above BYA	0.361	0.368	0.008 (0.02691)	0.203	0.207	0.023 (0.02697)	-0.016 (0.03932)
Percent of years with earnings above BYA among those with at least one year	0.521	0.583	0.058* (0.02972)	0.451	0.502	0.057 (0.03197)	0.001 (0.04253)
Disability Benefit Outcomes (2012-2015)							
Average SSDI benefits	11,824	10,592	-1122*** (288)	15,875	14,619	-510 (282)	-611** (243)
Percent of months with SSDI benefits	0.935	0.882	-0.050*** (0.01417)	0.952	0.947	-0.008 (0.01123)	-0.042*** (0.00802)
N	279	329	608	200	296	496	

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Notes: Percent change in income is the change in income from SSDI benefits and earnings if the person works versus if they do not work, divided by income if they do not work. Earnings are defined based on job held at the time of first service, or within two months of first service if there is no job at first service. Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015, and who had a job at the time of first contact or within 2 months of that contact. Estimates control for background characteristics presented in Exhibit D-1. Outcomes cover January 2012 through December 2015 for all sample members. * indicates significance at the 0.10 level, ** at the 0.05 level, and *** at the 0.01 level.

To illustrate, consider two people. The first has a long employment history holding high-paying jobs, and thus receives a high monthly benefit. The second has a shorter employment history, or one in which they earned less, and thus receives a lower monthly benefit as a result. If they both hold a job at the time they receive counseling that would result in a large increase in income, this suggests that EWIC services would increase earnings and employment for both; similarly, if they both hold a job that would result in a small increase in income, these results suggest that EWIC services would have no effect on their outcomes. If a job would result in a high percentage increase in the second person's income, but a low percentage increase in the first person's income, EWIC services would be expected to have the same effect on outcomes for both people.

To investigate this possibility, we examine those who would experience no change in their SSDI benefit if they worked (i.e., continued to work at the same level of earnings as they had when they first received WIC or EWIC services) compared to those whose benefits would be reduced if they worked. The former group had lower earnings—below the BOND Yearly Amount—but also received relatively “good news” when they learned more about work incentive rules. If the differences in the effect of EWIC for those with higher versus lower returns to work are driven by the valence of the information provided (good or bad news), we would expect EWIC to have more positive effects for the group with no loss of SSDI benefits than for those who would lose benefits. A person who learns more about how their benefits would decrease if they continue in their job might leave work or cut their hours relative to what they would have done without that information, while a person who learns more about how their benefits will not change might continue in their job or increase their hours modestly compared to what they would do without that information. If it is instead that those with jobs that would provide higher earnings have more potential variation in their income, we would expect the reverse. In fact, we find that evidence that the latter effect dominates—that is, those with jobs that would pay more than the BOND Yearly Amount had greater gains from EWIC than did those with lower paying jobs (*Exhibit D-7*). This suggests that those with the potential for high-earnings jobs are more likely to show significant effects of more intensive services, even though they receive “bad news” that their SSDI benefits will decrease if they work.

Exhibit D-7. Effects of EWIC Services on Earnings, Employment, and Benefit Outcomes, by Whether Earnings Would Result in Decreased SSDI Benefits

Outcome	Among Those With No Decrease in SSDI Benefits			Among Those With A Decrease in SSDI Benefits			Difference in Impact
	Average Outcome with WIC	Average Outcome with EWIC	Difference in Impact	Average Outcome with WIC	Average Outcome with EWIC	Estimated Impact of EWIC vs. WIC	
Employment and Earnings (2012-2015)							
Percent of years with employment	0.767	0.782	0.009 (0.02751)	0.778	0.813	0.037 (0.02674)	-0.027 (0.02736)
Percent of years with employment among those with some employment	0.804	0.807	-0.005 (0.02139)	0.805	0.825	0.024 (0.02917)	-0.028 (0.02787)
Average earnings	7,073	6,862	39 (739)	12,954	15,962	2,957** (1,156)	-2,919* (1,340)
Percent of years with earnings above BYA	0.162	0.166	0.012 (0.02332)	0.426	0.464	0.037 (0.03031)	-0.026 (0.03793)
Percent of years with earnings above BYA among those with at least one year	0.402	0.465	0.058 (0.04076)	0.549	0.609	0.058 (0.03463)	0.000 (0.06670)
Disability Benefit Outcomes (2012-2015)							
Average SSDI benefits	13,794	12,943	-349 (207)	13,224	11,885	-1,381*** (376)	1,033** (326)
Percent of months with SSDI benefits	0.965	0.958	-0.002 (0.00860)	0.919	0.851	-0.067 *** (0.01648)	0.065*** (0.01618)
N	240	373	613	243	271	514	

Source: Authors' calculations based on data from the Benefit Offset National Demonstration Beneficiary Tracking System (BTS) and SSA Master Earnings File (MEF).

Notes: Beneficiaries with annual earnings below the BOND Yearly Amount had no decrease in SSDI benefits; those with annual earnings would have a decrease in SSDI benefits as approximated by this measure. Earnings are defined based on job held at the time of first service, or within two months of first service if there is no job at first service. Sample includes all members of T22 and T21 who received benefits counseling between their randomization and December 2015, and who had a job at the time of first contact or within 2 months of that contact. Estimates control for background characteristics presented in Exhibit D-1. Outcomes cover January 2012 through December 2015 for all sample members. * indicates significance at the 0.10 level, ** at the 0.05 level, and *** at the 0.01 level.

These findings are subject to several caveats. First, they are based on data from BOND, in which both the benefits rules and the provision of benefits counseling were different from what is standard under WIPA, and only beneficiaries who volunteered to participate are included. Second, it is possible that outreach by EWIC counselors changed the sample who received benefits counseling in the T22 group, in ways not proxied for by demographic measures (see analysis methods above). Finally, the comparison being made is between WIC (similar to WIPA) and EWIC (an enhanced form of benefits counseling); it is possible that groups who experience the greatest gains from those enhancements are not the same as those who experience the greatest gains from a more standard level of services.

Areas for Future Research

While these estimates suggest important differences in the effect of additional benefits counseling by beneficiaries' relationship to work at the time they receive benefits counseling and their increase in income if they work, they also leave many important questions unanswered. We note here some areas for future research. Unfortunately, it is not possible to pursue these lines of research under the current project, due to the short timeline.

This report presents data on the average outcomes for beneficiaries with different service patterns, and notes those patterns that are correlated with especially high and low levels of employment and earnings. However, it does not report on whether differences between those who followed different paths are statistically significant. Adding these tests would allow readers to distinguish between differences in the data that are likely to reflect true differences in outcomes, rather than noise in the data. This report also does not delve into demographic predictors of following different service use pathways. While we know that service use patterns reflect beneficiaries' need and desire for particular kinds of information, resulting in pre-existing differences between those who follow different paths, we cannot say how large those differences are, or whether the differences between those in any pair of paths are significant. Such information would improve comparisons of the outcomes of those who follow different paths, and our understanding of who follows which path.

Because those who received EWIC and WIC services when they did not have a job differ in their demographics, we are unable to determine whether differences in their outcomes arise from the additional intensity of EWIC, or from these underlying differences. Future research could explore using a matched control group of WIC users who were similar to EWIC users at baseline to better isolate these differences.

We are also only partially able to disentangle the mechanisms through which more intensive benefits counseling has a greater effect on some groups compared to others. More positive results for those with large increases in income from work could be mechanical to some extent, or it is possible that the additional intensity also helps beneficiaries fulfill their earnings goals. Future research could consider earnings outcomes relative to beneficiaries' past earnings, or proxies for earnings ability such as education and years of prior work.

Another topic for future research would be to compare those who we would expect to have a large increase in income if they worked, based on characteristics at the time of randomization, to those expected to have smaller increases in income if they worked. While the measure of income used here is likely the most accurate picture of the increase in income beneficiaries would experience, it is defined at different times for those in the EWIC and WIC groups, and only for those who receive benefits counseling. Using predicted increases in income might allow for analyses of the larger population of those randomized to the two conditions, regardless of whether they received benefits counseling.